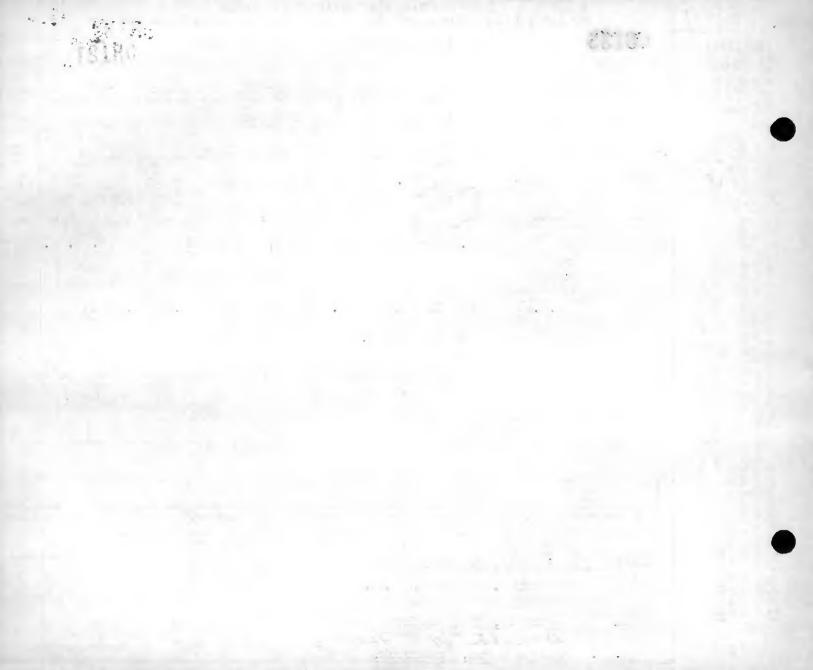
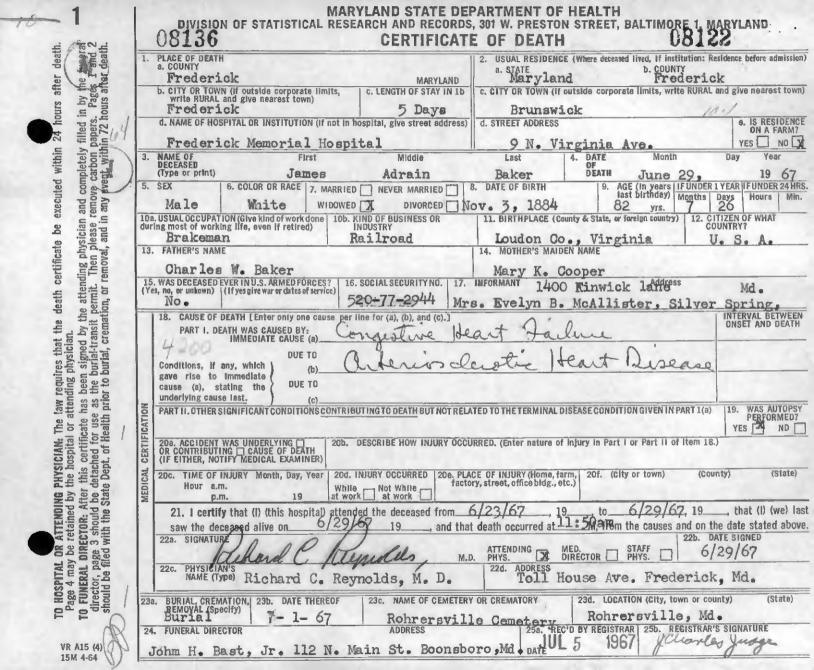
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08135 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence fore odmission o. COUNTY b. COUNTY Frederick Frederick Maryland deoth. MARYLAND delay CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, writes RURAL and give nearest town) Depor‡m ofter Years Frederick Frederick . 0. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE form OUTS ON A FARM? Clarke Place 125 Clarke Place Item 18. Give Pages YES NO X 24 hours ofter death. id "pending" in pencil in Item 18. Give Pag Chief Mildicol Examiner's Office along with NAME OF First Middle 4. DATE 50 Month Day Year DECEASED OF LLOYD June A. AMBROSEN 67 Within (Type or print) 19 DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED Male White event and 2 February 6. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Superintendant Md.School for Deaf COUNTRYS A. Winona, Minnesota ony pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within _ Gullick Ambrosen Florence Blanchard and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) or removal, Mrs.Mary Ambrosen (Same as item # 2) 18 3810 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c) INTERVAL BETWEEN burial-tronsit PART I, DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should writing the word cremotion, 4201 DUE TO Conditions, if ony, which gove rise to immediate couse (a), should be forwarded to DUE TO stoting the underlying couse O burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION YES NO the certificate, 10 å 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Your Hour o.m. Not While foctory, street, office bldg., etc.) DIRECTOR: Poge pleose execute at work of work its designoted 21. I certify that I tack charge of the remains described above, held an Autopsy Inspection X for Inquiry and in my apinian director, death resulted fram: Natural causes Suicide . Hamicide Undetermined manner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL funerol O DEPUTY DEPUTY MEDICAL EXAMINER 10 **EXAMINER'S** Thomas, M.D. Robert moy O FUNE Address (Street, city, town, or county) NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) 50 BULL Specify) Woodlawn Cemetery Winona, Minnesota 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles VR A15ME (5) 1967 M. R. Etchison & Son, Frederick, Maryland 6M 1/66





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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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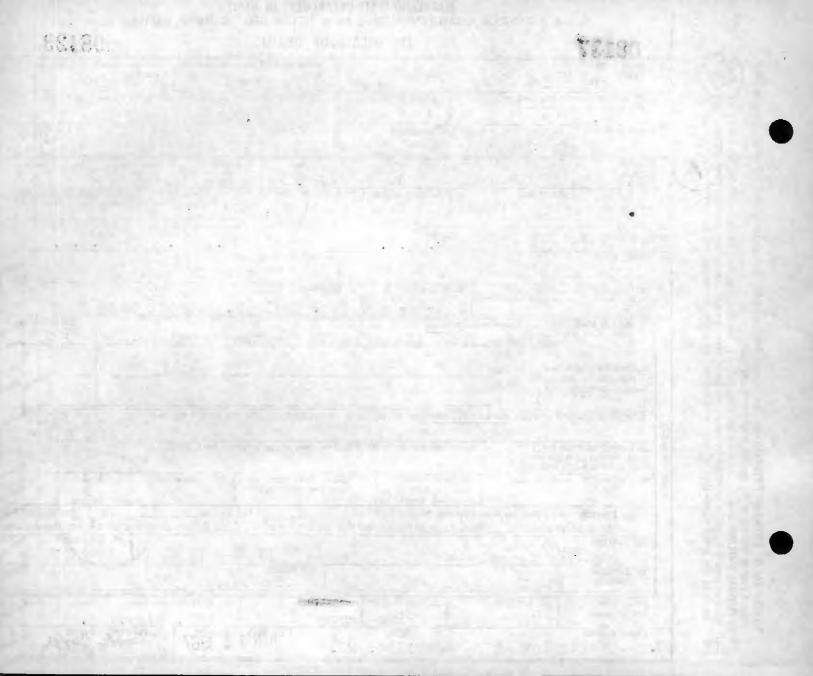
CERTIFICATE OF DEATH

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	PLACE OF DEATH					ution: Residence befare admission)						
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	b. CITY OR TOWN (1	f autside carparate limits,	C. LENGTH OF STAY IN 16	· ·	c. CITY OR TOWN (If autside carparate limits, write RURAL and give near							
	write RURAL and	give nearest town)	Life	Mt	. Airy	10.1						
		AL OR INSTITUTION (If not in ha		d. STREET ADDRESS	* **TT Y	e. IS RESIDENCE						
	306 I	Hill Street		306 H	ill Street	ON A FARM? YES NO T						
	NAME OF	First	Middle	Lost	4. DATE Mor	nth Day Year						
	Type or print)	GILMOR	E A. B	ECRAFT	DEATH June	e 9 1967						
5. 5	SEX	6. COLOR OR RACE 7. MA		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1F UNDER 24 HI						
1	fale	White win	OWED DIVORCED 1	pril 25,1	889 78 birthday) yrs.	Manths Days Hours Mir						
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duri	ng most of working l	ite, even if retired)	B.& O. R.R.	Carroll	Co., Md.	COUNTRY?						
	FATHER'S NAME	2 21 41 42 21 31 31 44 4		14. MOTHER'S MAIDEN	NAME							
		John Becraft		Fan	nie ?							
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address											
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-	10			12. Derra	D. Decreare							
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: OMSET AND DEATH OMSET AND DEATH OMSET AND DEATH											
	IMMEDIATE CAUSE (0) Whereacterotee Caustionasculandis. Sycare											
	HIRA DUE TO											
П	Conditions, if any, which gave (b)											
П	rise to immediate couse (o), stating the underlying couse DUE TO											
	lost. (c)											
	DADY II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN DART 1/o) 19 WAS AUTOPSY											
5						PERFORMED?						
5	YES NO											
YE 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH OF EXTREME PROTECT PROBLEM PROBLEM FOR A MANUAL PROBLEM PR												
	(IF EITHER, NOTIFY											
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year	While Mat While fort	CE OF INJURY (Home, far tary, street, office bldg., etc		(County) (State)						
Š	p.m. 19 al work L at work L											
	21 certify that (i) (this haspital) attended the deceased from 1967, that (ii) (we) los											
	sow the deceased alive an May 8 1967, and that death accurred at 7 A. M., fram causes and an the date stated above											
	220. SIGNATURE 22b. DATE SIGNED											
	1285 Celeville M.D. ATTENDING MED. DIRECTOR STAFF 6/9/67											
	22. PHYSICIAN'S											
	NAME (Type)	W.B.C.	4/LUEL/	Ker.	Hivy ne	4.						
220	. BURIAL CREMATIO	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City or T	lown) (County) (State)						
200	REMOVAL (Specify)	4 4 - 1	B									
0.4	Surial "	6/12/196	ADDRESS		The second second	rv. Md.						
24	. FUNERAL DIRECTO				1 4 1967 25 C	liarles when						
10	· II. Wa.	ltz Box 241	Sykesville, Md	DATE	- I 1001							

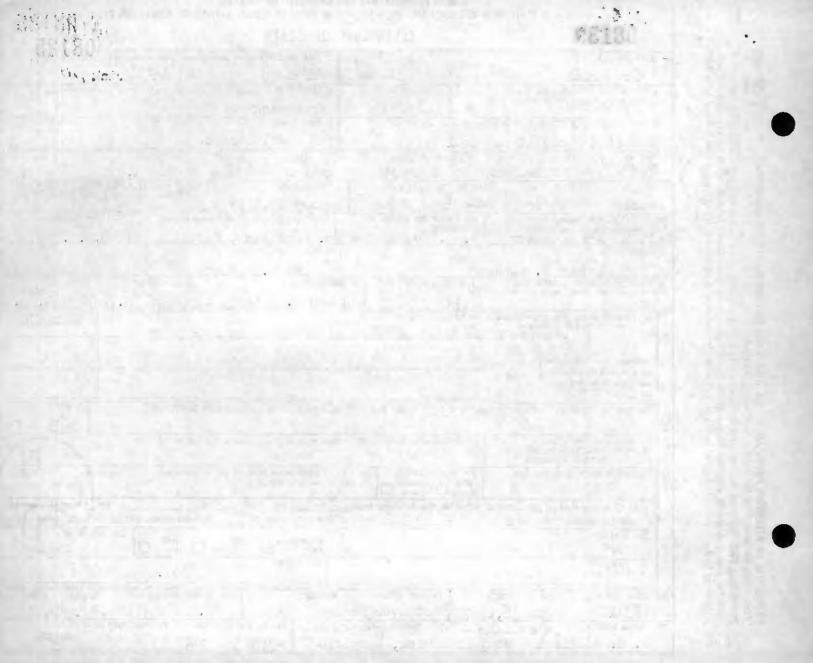
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physician ond campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remave carben appers. Page should be filed with the State Dept. of Health prior to burial, cremotion, or remaval, and in any event, within 72 hours a

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08138 08124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) West Virginia Morgan Frederick delay is and 3 to of MARYLAND Stote Deportment c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b puo write RURAL and give nearest town) Frederick O. A. Berkley Springs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 49 Office olong with form Frederick Memorial Hospital YES NO in Item 18. Give Pages Middle Lost DATE Month Doy Year DECEASED OF Michael Benedikt 1967 June DEATH DATE OF BIRTH IF UNDER 24 HRS SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIFD NEVER MARRIED birthday) Months white Nov 30, 1903 male WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 1Do. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even it retired) Worker David COUNTRY? in ony event within 72 haurs ofter Jaylor Model Germanu Exominer's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within pencil Renedikt Catherine Shretter Johann 15. WAS DECEASED EVER IN U.S. ARMED FOR CES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Silver Spring, Md. Medical pending Josephine M. Lane None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN the Chief I buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) writing the word This certificate should DUE TO Conditions, if ony, which gove forwarded to t rise to immediate couse (a). DUE TO stoting the underlying couse ond removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES TY NO please execute the certificate, 2Dg. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should Or CAUSE OF DEATH cremotion, 20d INJURY OCCURRED (County) 2Dc. TIME OF INJURY Month, Dov. Year PLACE OF INJURY (Home, form, (City or town) foctory, stoet, office bldg., etc.) Vour FUNERAL DIRECTOR: Page of work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection for ond in my opinion funeral director. Accident 7 Natural causes death resulted fram: Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 5 mc, TO FUNERA. Health prior tr 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) the NAME OF CEMETERY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Washington, Prospect Hill Cemetery 1967 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

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The hospital or attending physician.

After this certificate has been signed by the attending physician and camplet ached for use as the buriol-transit permit. Then please remave carban papers.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	OR	INSTITUTION	tt fir nor in nospiioi, gi	va street oodre	ms) <i>(</i>		d. STREET ADDRESS				IS RESIDENCE ON A FARM? ES NO 2
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	13. FATHE	ER'S NAME	1			1.	MOTHER'S MAIDEN	NAME			
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	21. 1	I certify tha	t I attended the	deceased fr	rom 2	14 -	. 19 6 7 to	6.110	19/2/	that I last saw	the deceased
	l I	e on	- Cometo	. 1967	/	death oc	urred of 7	M. from t		d on the date	
			5						t, city or town, sto		DATE SIGNED
	ACTU SIGNA	JAL JATURE	/ from	asl	1 1/10	22 h.o.	1/h	winn	nl Has	<i>}-</i>	644/61
	MAM	HE (Type)	HOMA	5 A	. LOUE						
		IAL, CREMATION OVAL (Specify)	, 22b. DATE THEREOF	22c.	NAME OF CEME	TERY OR CR	EMATORY	22d LOCATION	N (City, town, or o	county)	(Stote)
1		urial	16/18/6	67	Khap	el	Ceru :	Hr. J	Ebertin	our,	nud.
	23 FUNER	RAL DIRECTOR'S	1 .	1-06.	ADDRESS	21	7 92 24g MES	2 REGISTEN	37 246 PFOSTE	AR'S SIGNATURE	الالا

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours may be retained 1.77 FUNERAL DIRE poge 3 should be of the registrar prior to be VS A15 (4) 15M 10/57

Date of the second		YLAND STATE D		F HEALTH	
08141·	PF STATISTICAL RESI	CERTIFICAT		N STREET, BALTIMOI 	08127
1. PLACE OF DEATH	A		2. USUAL RESIDENCE	(Where decessed lived, If Insh	itulion: Res dence befor
b. CITY OR TOWN (if a	derick	MARYLAND c. LENGTH OF STAY IN 16	maryle	b. COUNTY	rederics
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d. NAME OF HOSPITAL	OR INSTITUTION (if not in ho	spitel, give street eddress)	d. STREET ADDRESS	min ay	+ IS
Frederick 3. NAME OF	. Memorial) book w	Lost	, DATE Month	YES [
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S. SEX	4 4 5	THE VER MARKIES	, DATE OF BIRTH	9. AGC (In yeers IF last birthday)	UNDER & YEAR IF UND
TOB. USUAL OCCUPATION	WIDOW:	ED DIVORCED 1	Y 11. BIRTHPLACE (County	& Stele, or foreign country)	12, CITIZEN OF WHA
done during most of works	ou OU	on Farm	Frederic	k.Co. md.	W.S.A
13. FATHER'S NAME			14. MOSHER'S MAIDEN N	R. t.	
15. WAS DECEASED EVER	IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
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PART I. DEATH Y	WAS CAUSED BY: MEDIATE CAUSE (a)	has for (e), (b), and (c).	Permontin	2	ONSET AN
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E 200. ACCIDENT WAS	UNDERLYING [20b. DE	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in P	ert I or Pert II of Item 18.)	YES [
200. ACCIDENT WAS OP CONTRIBUTING [] (IF EITHER, NOTIFY M	EDICAL EXAMINER)				
ZOc. TIME OF INJURY	Whil		CE OF INJURY (Home, farm, ory, streat, office bldg., etc.)	20f. (City or town)	(County)
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saw the deceased	alive on	194.7, and that	death occurred at A	M, from the causes and	on the date state
226. SIGNATURE	if a slee	Ebain M.	ATTENDING ME	D. STAFF	2
22c. PHYSICIAN'S NAME (Type)	ENEST A. DI	ETTBARN	22d. ADDRESS	savelle 7.	d. 1.1.
23e. BURIAL, CREMATION		123c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county)
REMOVAL (Specify)	6/25/67	Rocky Hill	2 Cen	Woodstor	0 70
24 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS ADDRESS	25e. REC'D	BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE
1.C. 13a	ron, wa	coursille,	MA DATE JU	N 2 / 195/ #	restus fue

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08142 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence o. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick en please remave carban papers. Pages 1 dval, and in any event, within 72 haurs affer MARYLAND filled in by the ware. Pages b CITY OR TOWN (If outside corporate imits, t LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Wynelle Nursing Home 48 E. South St. YES NO X 3 NAME OF First Middle 4. DATE Lost Month Year Doy DECEASED 19 67 Elizabeth 12~ June Mary Bowers (Type or print) DEATH DATE OF BIRTH 5 SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED losphithdoy) Months Doys Hours White Sept. 6-1886 Famale WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during reast of working life even if retired) COUNTRY? Own Home Frederick Co. Ld. U.S.A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles O. Phebus Sarah E. Burrier attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permissi (Yes, no par unknown) (If yes give war or dates of service) 214-28-5287 Laurens N. Bowers- E. 7th. St.-Frederick-Ld. burial, crematian, INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to I PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES NO K 20a ACCIĎENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg . etc) 19 ot work at work 21. I certify that (I) (this hospital) attended the deceased fram A and that death accurred at 10:215 M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF June 13-67 M.D. PHYS 22c. PHÝSICIAN'S 22d ADDRESS NAME (Type) Bernard O. Thomas, Jr. Prof. Bldg.-Frederick. Md. 21701 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Frederick, Mid. 21701 June 16-1967 Mt. Olivet Cemetery 25b REGISTRAR'S SIGNATURE ADDRESS Thetmore 24. FUNERAL DIRECTOR REGISTRAR VR A15 (4) 20 M 1/66 Frederick, Md.21701



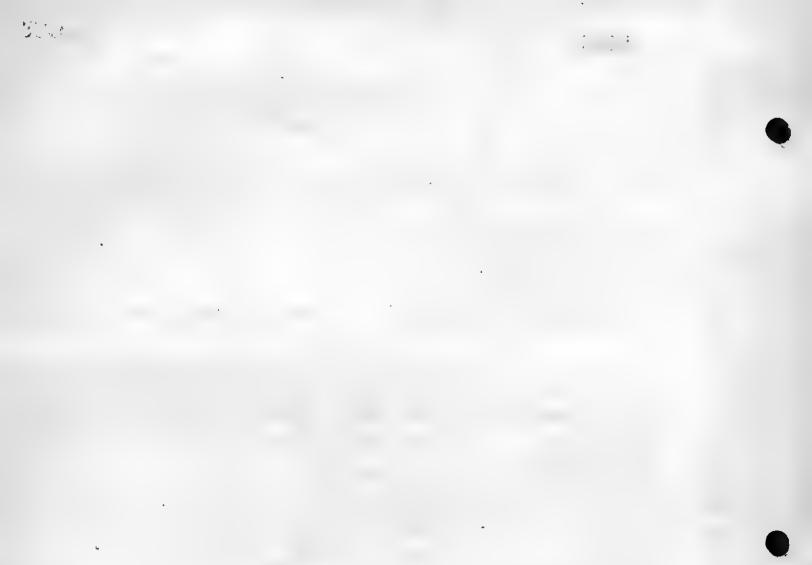
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RYLAND STATE DEPARTMENT OF HEALTH

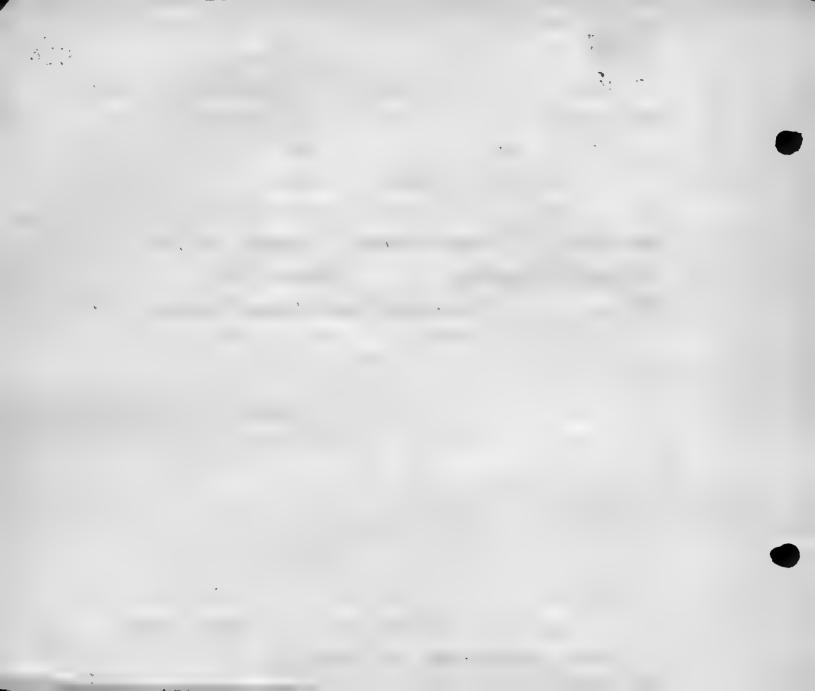




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 08146 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1. PLACE OF DEATH o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, **ELENGTH OF STAY IN 16** outside carporate limits, write RURAL and give nearest town) write RURA, and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? corada pope filled YES NO NAME OF Middle Last 4 DATE Manth Doy Yea: completely DECEASED OF DEATH OBON (Type or pnnt) 19 6 even IF UNDER 1 YEAR S. SEX 6 COLOR OR RACE AGE (in years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** B. DATE OF BIRTH remove Jest birthdoy) Months Hours buriol, cremation, or remayol, and in any WIDOWED DIVORCED 100 USUAL OCCL PATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a during most of working ife, even if retired) INDUSTRY COUNTRY? NEMAN 13. FATHER'S NAME ottending phys LSON LLIAN 17 INFORMAN 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEE signed by the buriol-tronsit p PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse detoched for use as the e Dept. of Health prior ta hos been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED! (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) at work at work 19____, that (I) (we) last 21. I certify that (1) this hospital) attended the deceased from director, page 3 should should be filed with the and that death occurred at 4 M. from causes and on the date stated above saw the deceased alive on. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** DIRECTOR M.D PHYS. 22d **ADDRESS** 22c. PHYSICIAN'S NAME (Type) Thomas Love. M.D 23d LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) ESTE 24 -FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **ADDRESS** 2Sb VR A15 (4) 20 M 1/66

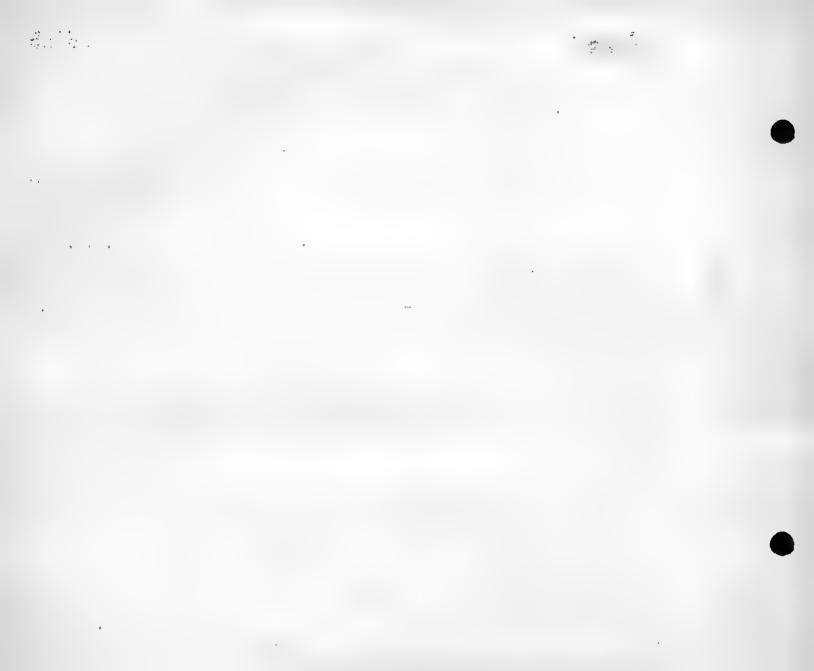


	121 CERTIFICATE OF DEATH	STREET, BALTIMORE 1, MARYLA
1.	PLACE OF DEATH 2. USUAL RESIDENCE	E (Where decaased lived, If institution, Residence
	a. COUNTY	b. county
_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if	outside corporate limits, write RURAL and give no
	write RURAL and give nearest town	maille .
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	aspece 1 -
	_ Liberty St Tiberty	St.
	NAME OF Birst Middle Last	4. DATE Month Dey
	(Type or print) CHARLES EDWARD CONA WAY	DEATH June 26
J.	MAKKIED WEVER MAKKIED	9. AGE (In years IF UNDER 1 YEAR
100	WIDOWED DIVORCED NEC; 22, 19 U.SLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Count	2. 45 yrs. 1 8 Steta, or foreign country) 12. CITIZEN OF
do	me during most of working life, even if retired)	1 an Sant VC
13.	FATHER'S NAME 14. MOTHER'S MAIDEN N	AME) MA.
	Tolly M. Conquery Stella Pe	role
1S. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT 15. no. or unkown (Ifyes give war or dates of service)	Address
	76 220-28-3009 mes Catherine	e Conaway, Walker
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY.	INTE
	PART I. DEATH WAS CAUSED BY, Jewindiged concern mat	3
	Conditions, it any, which) (b) Careers of transverse e	olone 6
	gave rise to immediate cause	_
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NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART 1(0) 19
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ERTE	20a. ACCIDENT WAS UNDERLYING 20b. DESCR.BE HOW INJURY OCCURRED. (Enter nature of shure of s	Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm,	201 101
MEDICAL	Hour a.m. While Not While tectory, street, office bldg., atc.)	20f. (City or town) (County)
2	p,m. 19 el work et work 21. certify that (I) (this hospital) attended the deceased from 1	9.67, 10 June 26, 1967, th
	210	AM, from the causes and on the date
	22e. SIGNATURE	
	M.D. PHYS. DI	ED. STAFF RECTOR PHYS.
	22c. PHYSICIAN'S NAME (TYPO) RIJEST A. DETTBARN 122d. ADDRESS NAME (TYPO) RIJEST A. DETTBARN 1 Mallara	-10 1.1
		word find
	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)	23d. LOCATION (City, town or county)
2.4	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2501 REC	ON REGISTRAR- 25h AFTINTER ASIGNATU
	A STATE OF THE PROPERTY OF THE	At the grid debut I seem the probabilities to be properly in

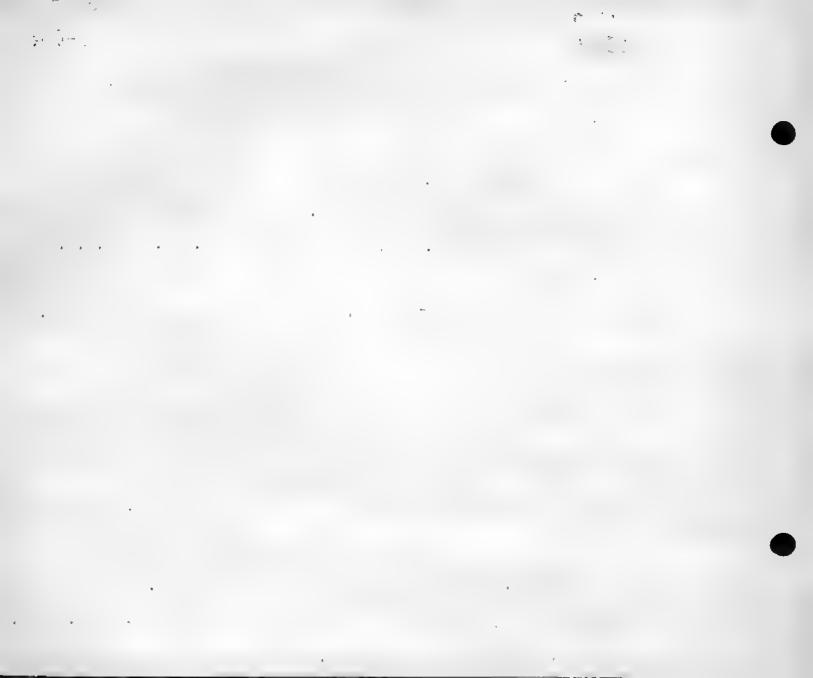


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Frederick Frederick MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 E. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town Brunswick hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? papers. wathin 72 Frederick Nursing Home East!A! Street NO X YES . sician and campletely f 3. NAME OF First Middle Lost 4 DATE Year DECEASED JANE OF. CRUMSITT 196 JEMIMA (Type or print) DEATH IF UNDER 24 HRS. S SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH (gst birthday) Hours /22/95 White Female and in any WIDOWED DIVORCED TOP KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10o USJAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDRISTRY COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal. Louis Randolph Crum Mary Elizabeth Baer 16. SOCIAL SECURITY NO.A - 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) i(If yes give wor or dates of service) permit 214-10-3084Alonza Crummitt Brunswick Marvland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IREMIA IMMEDIATE CAUSE (o) signed by DHE TO DIAGETES Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been ASHD & CHF as the last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? far use Health p NO YES -20o ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) detached f te Dept. af l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or fown) (County) (Stote) TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg., etc.) ot work 19_6 Ahat (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1962 to M, from causes and on the date stated above. and that death occurred at saw the deceased alive an 19 22o. SIGNATURE) 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23d LOCATION (City or Town) 230 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Mount Olivet Frederick Md.
GISTRAR 256. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR ALTOS N 1 2 19 PLINERAL DIRECTOR Brunswick VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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		FATHER'S NAME David DeGr					ne Hoffman		1.51
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		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	BY: TE CAUSE (o) DUE TO (c)	terio.	scl	soular o	accident uscular she	eory 5,	MERVAL BETWEEN NSET AND DEATH
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		21. I certify that (1) (1 saw the deceased aliv		led the deceased	fram and that	death accurred at		and an the da	hat (I) (we) la ite stated abav
		220 SIGNATURE	MIL	anis	M.D	ATTENDING PHYS 22d ADDRESS	MED STAFF DIRECTOR PHYS.	22b DATE SIG	7/67
1		22c PHYSICIAN'S / NAME (Type) LeRoj				Fre	derick,Md.	/	
		REMBUTEL Ju	DATE THEREOF Ly 1,1967	United		thern	23d 10CATION (City or To Myersvill	e, Fred	.Co.Md.
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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08151 requires that the death certificate be executed within 24 hours affer death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission b. COUNTY a COUNTY Frederick Frederick Maryland MARYLAND c CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate + mits, and completely filled in by the write RURAL and give nearest tawn) Frederick davs e IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS and in any event, within 72 Frederick Memorial Hospital 141 East 6th Street YES NO K 4 DATE NAME OF Middle Month Year First DECEASED OF DEATH 19 67 June (Type or print) 9 AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED T NEVER MARRIED Alest birthday) Manths Days Hours June 6, 1919 Male White WIDOWED DIVORCED 10a USUAL OCCUPATION (G ve kind af wark done during most af warking life, even (fretired) Deputy Sherill 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT None Frederick, Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, ar removal, Roberta Powell Charles Curtis Devilbiss 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service Mrs. Mary G. Devilbiss 141 E.6th St. Fred. Md. 217-10-0390 No INTERVA. BETWEEN 18 CAUSE OF DEATH (Enter only one cause per (ine) for (a), (b) and (c), PART I, DEATH WAS CAUSED BY. ONSET AND DEATH buriol-tronsit signed by IMMEDIATE CAUSE (o) Page 4 moy be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate hos been 3 should be detached for use as the with the State Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART 4-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161). 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part Par Part II at item 1B. 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, affice bldg. etc.) at wark at work _, 1% 7, that (I) (we) lost 21. I certify that (I) (this hospital) attended the deceased fram 19 5 7. to 1967, and that death accurred at 743 M, from couses and an the date stated above. saw the deceosed alive on_ 22b. DATE SIGNED 22a. SIGNATURE? 6-8-6 M.D. DIRECTOR director, page 3 should be filed v 22d ADDRESS 220 N. Market Street 22r. PHYSICIAN'S Frederick. Md. NAME (Type) Dr. R. Martin M.D. Rex 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Mount Olivet Cemetery 6-12-1967 Frederick. Maryland 2Sg. REC'D BY REGISTRAR 25h DEGISTRAD S SIGNATURE Frederick, Maryland MAN Robert E. Dailey & Son

MARYLAND STATE DEPARTMENT OF HEALTH



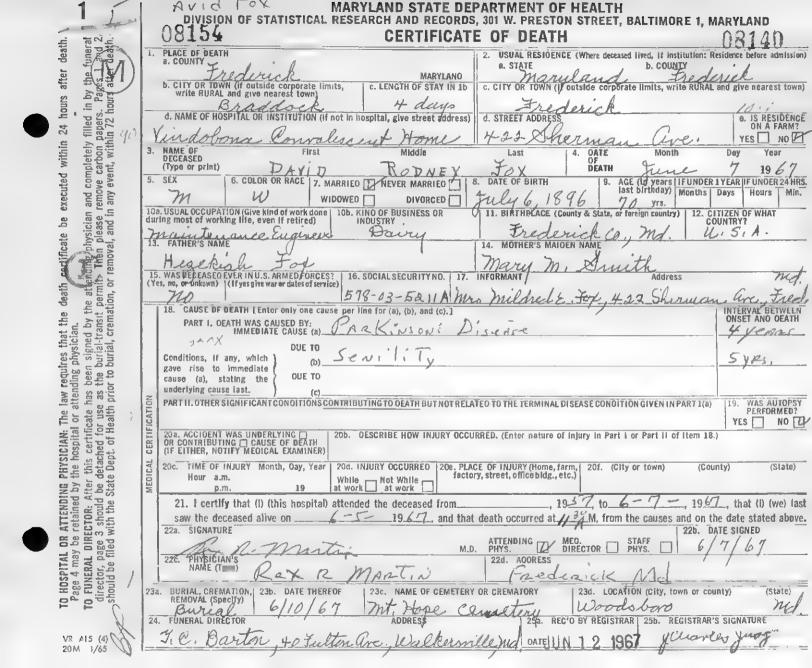
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	1	MARYLAND STATE DEPARTMENT OF HEALTH
	(1/1)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
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i i	ter d	a. COUNTY B. STATE MARYLAND B. COUNTY FREDERICK
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eath	affe ermit on, ou	(Yes, no, or unknown) (If yes give war or dates of service) 564-09-4474 MELVIN E, DREW FREDERICK, MF.
<u>6</u>	ian. d by the at ransit pern cremation,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 INTERVAL BETWE ONSET AND DEAT
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ATTENDING	ed by t After Id be c e State	p.m. 19 at work at work
	TOR: TOR: Shou th th	saw the deceased alive on 6 - 12 19 6 -7, and that death occurred atM, from the causes and on the date stated about
88	DIRECTOR: / DIRECTOR: / ge 3 should led with the	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 22b. DATE SIGNED
		22c. PHYSICIAN'S 7
O HOSPITAL	Page 4 may FUNERAL C director, pag should be file	NAME (Type) Rex 12 MARTIN 220 N. MARKET Frederick Md.
TO H	Page 4 TO FUNE directo should	233. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	al.	24. FUNERAL DIRECTOR CALLED AL MAN ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R AIS (4)	SALAMONE PUNCTIFICA FREDERICK MD DATES UN 26 1967 Milantes Judges
- 4	OM 1/03	



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, il institution: Residence a. COUNTY b. COUNTY Frederick MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Years Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (i) not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3 909 Pine Avenue 909 Pine Avenue papers. In 72 ho ete NAME OF Middle 4 DATE Month DECEASED 1967 (Type or print) DEATH HENRY DUTROW ROYand cor carbon nt, withir 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED AGE In your | IF UNDER I YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Male White WIDOWED DIVORCED March 16 76 гетоуе 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) State Roads Frederick County, Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Manzella Ahalt ፯ George Dutrow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror dates of service) Mrs. Pearl Dutrow(Same as item # CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, il eny, which gave rise to immediate cause **DUE TO** (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? inclusted cardio vorular descort 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or fown) (County) (Slate) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg , etc.) While Not While Hour a.m. et work et work n.m. 1969, 10 June 27, 1967, that (1) (we)-last 22b. DATE 22a. SIGNATURE SIGNED ATTENDING DIRECTOR FUNERAL M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type director, p 236. BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Stete) REMOVAL (Specify) Luther an Cemetery Middletown, Maryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4 M. R. Etchison & Son, Frederick, Maryland DATE UU







DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decesed lived, if institution: m. COUNTY COUNTY Frederick MARYLAND Marvland Frederick and b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ___ Rural- Frederick Pages urs afte Rural- Frederick within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route 4 YES NOT papers. n 72 hor Route completely 3. NAME OF Middle DATE Month Dev Year DECEASED OF (Type or print) Harvey Rayue within Fox DEATH June 19 67 and con S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Male Months July 27-1887 WIDOWED F DIVORCED [attending physician 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) гетоме 10b. KIND OF BUSINESS OR INDUSTRY | II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Retired Carpenter Frederick Co. Md. ...U.S.A. 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME John W. Fox Mary Atkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address removal (Yes, no, or unkown) | (If yes give wazor detempiservice) 214- 16-0286 Mrs. Helen Stokes Fox- Route 4-Frederick, Md. by the Tes permit. 18. CAUSE OF DEATH lenter only one couse per line for (e), (b), and (c)] ONSET AND DEATH ö PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis been signed 5 minutes has been signe e burial-transit 11351 DUE TO Arterio sclerotic C.V.D. 10 years Conditions, if any, which [6] gave rise to immediate cause DUE TO (e), stating the underlying the bur burial, couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118-1 19. WAS AUTOPSY CERTIFICATION hospital S 5 PERFORMED? prior NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: Affer Inc. MEDICAL 20d. INJURY OCCURRED | 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, ferm,) 20f. (City or lown) (County) (Stelle) factory, streat, office bldg., atc.) Hour a.m. While Not While al work at work 21. I certify that (I) (this hospital) attended the deceased from..... saw the deceased alive on. 22a. SIGNATURE 22b. DATE **ATTENDING** STAF SIGNED Jeath. Page 4 S FUNERAL lirector, page 3 e filed with the 8-1967 OSPITAL PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Prof. Bldg. Frederick, Md. 21701 Dr. B.O. Thomas-Jr 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) P P P REMOVAL (Specify) Nr. Yellow Springs. Md. Pleasant Hill Cemetery Burial June 10-1967 24 FUNERAL DIRECTOR'S SIGNATURE Fluces 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Whitmere M.R.Etchison & Son DATELLIN **VR A15 (4)** Frederick, Nd. 21701 20M S-63

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death. funeral and 2 death.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
5 6 5		Frederick MARYLAND Maryland Frederick
	Г	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hours From P.		Frederick years Frederick
led ho		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
n 24 y fille pape pape pin 72	_	DOA- Frederick Memorial Hospital 209 Rockwell Terrace YES NOW
executed within 24 houns and earpletely filled in remove carbon papers in anywapmt within 72 th	3.	NAME OF OCCEASED Samuel First Middle Gardner OF Month Day Year
A PAST	-	(Type or print) Simual F. C-ARD St. DEATH June 1- 19 67
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and		MALE WILLIAM WILLIAM
cian cian nd in	qui	ing most of working life, even if retired) INDUSTRY COUNTRY?
icate be ex physician a n please re waf, and in	13	Retired Telephone Co. Loch Haven—Pa. U.S.A. FATHER'S NAME
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eath certifi attending / ermit. Ther	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
requires that the death of ding physician. been signed by the atten the burial-transit permit. or to burial, cremation, or	(Y	No (Ifyes give war or dates of service) 212- 05-0823 Miss Helen N. Gardner-209 Rockwell Terrace-
de de	=	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]
the by the marking the commendation of the com		PART I, DEATH WAS CAUSED BY: On the Control of the
that icia ned l-tra II, ci	7	IMMEDIATE CAUSE (a) Complete August 1000000000000000000000000000000000000
ohys sign		conditions, if any, which) (b) Cortain substitute Mercot Disease Sycans
ng reers to b		gave rise to immediate cause (a), stating the DUE TO
The law requires that the consistent of a steed of the consistent		underlying cause last. (c)
attern attern e has se as th prio	le le	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
The lor a cate or use loate	ICA	Myhertensin, Emplusema YES NO 12
PHYSICIAN: The late the hospital or attention this certificate his detached for use a te Dept. of Health p	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of Injury Indiant I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
the this De	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bidg., etc.)
2000	18	P.m. 19 at work 1
		21. I certify that (I) (this hospital) attended the deceased from Sept (9, 1962, to Brough 1, 1967, that (I) (we) last
ATTEND retained ECTOR: A 3 should with the		saw the deceased alive on
DIRECT SECONDARY		22a. SIGNATURE 22b. DATE SIGNED STAFF 22b. DATE SIGNED
Al Day bagge		22c. PHYSICIAN'S M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 1 22d. ADDRESS
HOSPITAL age 4 may FUNERAL rector, pa		NAME (Type) Thomas STUMZ Tredering (21)
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with thh	23	BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d JOCATION (City, fown or county) (State)
E		REMOVAL (Specify)
CV	24	FUNERAL DIRECTOR CO. ADDRESS 1 1258. REC'D BY REGISTRAR'S SIGNATURE
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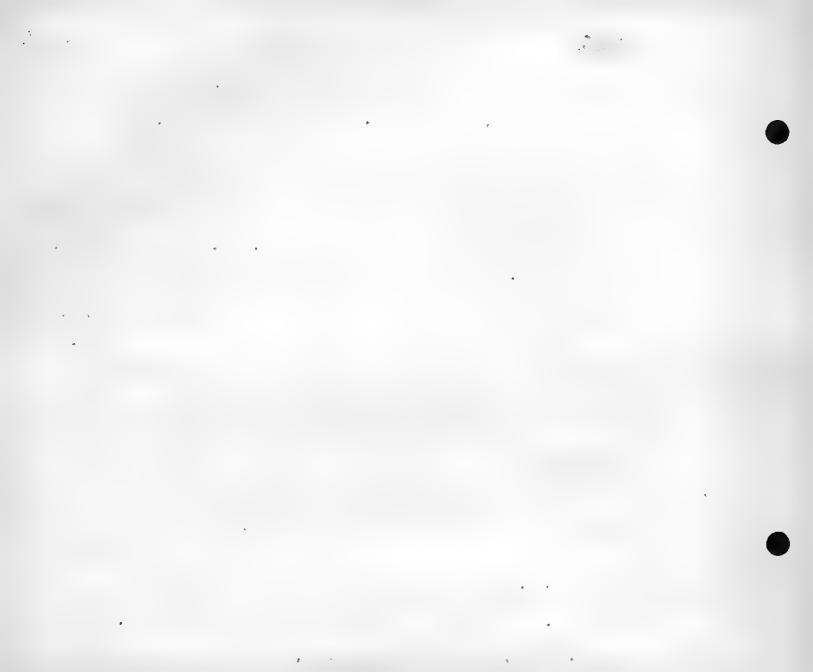
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08157 CERTIFICATE OF DEATH 08143 requires that the death certificate be executed within 24 havrs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY Maryland Frederick o. STATE b. COUNTY Fred rick MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside corporate imits, c LENGTH OF STAY IN 1b Rocky Riage Rocky Ridge yrs. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? papers hin 72 Own Home YES K NO NAME OF First Middle 4. DATE pau Lost Manth Year DECEASED GEARHART 23 67 WITHTAM H. June (Type ar print) DEATH COL F UNDER 1 YEAR IF UNDER 24 HRS SEX 5. COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED remave losy buthday) Manths Hours 7-19-1903 WIDOWED T DIVORCED white male 10a LSUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Rented COUNTRYSA Maryland Farm Farmer retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Cline John Gearhart IS WAS DECEASED EVER IN L.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) ö 183-12-4698Harvey Rocky Ridge Md. No J.Gearhart burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).)
 PART 1. DEATH WAS CAUSED BY. signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Conditions if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse has been PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? NO YES TO FUNERAL DIRECTOR: After this certificate 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 1B.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour a.m. Nat While factory, street, office bldg., etc.) at wark at work 21. I certify that (1) (this haspital) attended the deceased fram. 1959 . 19... 4/18/47, 19___, that (1) (we) last , and that death accurred at 130.2 M, from causes and an the date stated above saw the deceased alive an. 22o. SIGNATUR 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. 22d ADDRESS Emmitsburg, Md. 22c. PHYSICIAN'S George Morningstar NAME (Type) shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR AL, CREMATION, (County) (Stote) BREMOVAL (SPECIFY) Mt. Tabor Cemetery 6-26-67 Rocky Ridge Fred.Co.Md. Creaver 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Raymond VR A15 (4) Milarles Thurmont, Md DAIBIN 97 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08159 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived if institution Residence before dumission PLACE OF DEATH o. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (if outside carporate limits write RURA), and give nearest town) write RURAL and give nearest town) Foural Emmitsburg 100 yr ho yrs. Rural Emmitsburg IS RESIDENCE ON A FARM? d STREET ADDRESS filled i YES TO NO [3. NAME OF Fust Midd.e Lost 4. DATE Month Dov Year remove carbon DECEASED (Type or print) OF June 20. 1967 Franklin event, Rov Glass DEATH AGE (In years IF UNDER 24 HRS SEX 6 COLOR OR RACE B DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED last birthdoy) Months Days Male White March 19, 1902 WIDOWED DIVORCED gn) 10n LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Store, or foreign country) 12 CIT ZEN OF WHAT ond in COUNTRY? Tarmer & School Bus INDUSTRY Lee Co. Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, William E. Glass Sarenta Orshorn 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) ((If yes give wor or dates of service) 217-32-6948 Mrs. Roy F. Glass. Enmitsburg. Md. R.D. #2 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO stoting the underlying couse by the hospital or ottending PART IS, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FRAINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPS' __rtificate hos PERFORMED? wen Oster arthrelos NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20x. TIME OF INJURY Month, Doy, Yeor Hour o.m. TO FUNERAL DIRECTOR: After this factory, street, office bldg , etc.) Not While of work of work 1962, that (1) (we) las 21. 1 certify that (I) (this hospital) attended the deceased fram_ Mu 196 6 saw the deceased alive an 1967, and that death accurred of 30 M from causes and on the date stated above 22b. DATE SIGNED 22o SIGNATURE **ATTENDING** STAFF PHYS M.D PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. R. Cadle Emmitsburg, Md. 23d LOCATION (City of Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BUR AL CREMATION. (County) REMOVAL (Specify) Keysville, Md. Carroll Keysville Cemetery Co. June 23 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. PUNERAL DIRECTOR Wilson Whenela 20 M 1/66 DATE JUN 2 Emitsburg. Md 1007 Clarence



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08146 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08160 FOR STATE HEALTH DIPPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o COLNIY Frederick b COUNTY Frederick o STATE Marvland MARYLAND delay b CITY OR TOWN (f outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (flautside carparate firm ts, write RURAL and give nearest tawn) write RURAL and nive occuest frown days Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RES DENCE d STREET ADDRESS farm Frederick Memorial Hospital 200 Thomas Avenue NO X Give Pages 3 NAME OF First 4 DATE GREENWALD DECEASED (Type or print) June OF DEATH 9 AGE (In years NEVER MARRIED S SEX 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED 78 White May 17, 1889 Female. WIDOWED D VORCED should be farwarded to the Chief Medical Examiner's Office 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 10a USUA, OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT dering most of working life, even if retired) event within 72 hours after Feagaville. Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER S NAME James Greenwald Mary Measel IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Fred. 16 SOCIAL SECURITY NO Address (es no, or unknown) (If yes give wor or dotes of service) 220-30-9759 Miss Nora Jane Deater 200 Thomas Ave. 18 CAUSE OF DEATH (Enter only one cause per PART DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave nse ta immediate cause (a), DUE TO stating the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLE ING TO DEATH, BUT NOT RELATED TO THE TERMANAL DISEASE CONDITION OF VEH IN PART I(a) 19 WAS AUTOPS 200 EXTERNAL CAUSE WAS PR MARY Dor CONTR BLTING CAUSE OF DEATH NOW INJURY OCCURRED (Enter noture of in una in Part Lot Port II of tem 18.) 20e PLACE OF INJURY (Home, form, 20d NJURY OCCURRED 20c T.ME OF NURY Month, Doy, Year (City or Town) (County) factory, street, office bldg , etc.) While of work Nat While of wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion Suicide . Hamicide Undetermined manner death resulted fram-Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Robert J. Thomas M.D. Address (Street, city, town, or county) NAME (Type) 23c_NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION 23b DATE THEREOF (State) Mt. Olivet Cemetery Burial (Spec fy) Frederick. Maryland 6-6-1967 Frederick, Maryland 250 RECD, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A 15ME (5 Melinelly





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08148 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, il institution; Residence before admission) o COUNTY p. STATE b COUNTY Frederick MARYLAND Frederick delay b CITY OR TOWN (I outside corporate im ts CLENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Hra Rural New Maket Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE YES X NO [Give Pages Fraderick Memorial Hospital Rt 1 Mt Alry be executed within 24 haurs after death "bending" in pencil in Item 18. Give Page los reed dri Middle Doy Year DECEASED 19 67 9 #11en Herbert June (Type or print) DEATH Mae 5 SEX AGE (In years TELINDER 1 YEAR IF ... NDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARR ED B DATE OF BRIM lost birthdov) Months Hours WIDOWED D VORCED Negro e, writing the word "pending" in pencil in Item 1 farwarded to the Chief Medical Examiner's Office Female Feb 6.1931 within 72 haurs after death 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Maryland
14 MOTHER'S MAIDEN NAME Cooks Helper Fffie Naylor Clarence Weedon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 218-20-9028 James Brown Rt 1 Mt Airy Md No ***** IB CAUSE OF DEATH (Enter only one couse per line lor (o), (b) and (o).
PART I DEATH WAS CAUSED BY Thracerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE CAUSE (o) This certificate shauld DUE TO any Hypertensive Arteriosclerotic Cardiovascular Disease Conditions, if any, which gave rise to immediate couse (a), _ DUE TO stoting the underlying couse e umed 19 WAS AUTOPSY PERFORMED? remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) the certificate, NO 🗲 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part or Port II of item 18) 3 shamld shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d NURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Not While foctory, street, office bldg., etc.) at work L at work Inspection 30 21 I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my opinion death resulted from: Natural causes Accident Suicide . Homicide Undetermined manner TUNERAL MIRE CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER EXAMINER'S Robert J. Thomas M.D. Address (Street, city, town, or county) Frederic \$\frac{2}{9}/67\$ Health NAME (Type) 230 BURIA, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) S 10 Burial (Specily) Md St Pauls Church Fred Della 24 FUNERAL DIRECTOR 250 REC D. BY REG STRAR 256 REGISTRAR'S SIGNATURE VR A15ME (5) Frederick, Maryland 6M 1/67 C.E. Hicks.lll



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08163 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give neorest town 72 hours requires that the death certificate be executed within 24 hour signed by the ottending physician ond completely filled in by buriol-transit permit. Then pleose remove carbon papers. P d. NAME OF HOSPITA. OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within NO Z S NAME OF 4. DATE Last Manth Day Year DECEASED
(Type or print) OF event, DEATH IF JNDER I YEAR 6. COLOR OR RACE 7 MARRIED 9. AGE (In years NEVER MARRIED last birthday) Months Haurs and in ony WIDOWED DIVORCED 100, US_AL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR BIRTHP ACE (County & State, or foreign country) 1Db. 12. CITIZEN OF WHAT during inbenging in the little of the derived INDUSTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER S, MAIDEN NAME (UNIK NOWN) or removol, Everitt Alley 15 WAS DECEASED EVER IN u.S. ARMED FORCES? 16. SOCIAL SECURITY NO informant Ima Parsons Brunswick. Md. (Yes, peagrunknown) (If yes give wor or dotes of service) buriol, cremotian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH reches 08-Cravellia 12 3 IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying cause To FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the Page 4 moy be retained by the hospital or attending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPST PERFORMED? CERTIFICATION NO 205 DESCRIBE HOW INJURY 2Do. ACCIDENT WAS UNDERLYING [T OCCURRED. (Enter natural of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2De_PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg , etc) Nat While ot work 21. I certify that (I) (this haspital) attended the deceased fram. . 196 7, to 19 and that death accurred at 2 10 AM, from causes and on the date stated above. saw the deceased alive an 22o SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Bro5 ma 23d ¿COCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Knoxville Cemeterv Knoxville Md ADDITIONSWICK Md 290 N D BY AFGINE 1967 250 REGISTRAR'S SIGNATURE FUNERAL DIRECTOR: VR A15 (4) IIO M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08164 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY o. STATE Maryland Frederick Frederick MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 se remave carban papers. Pages d in any event, within 72 haurs afi VCRIS Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION () I not in haspital, give street address) d. STREET ADDRESS B IS RESIDENCE ON A FARM? campletely filled in Monocacy Hall Nursing Home 1207 Fairview Avenue NO 😓 NAME OF Middle First Last 4 DATE Month Day Year DECEASED 19 67 10-William June Oscar Keyser DEATH (Type or print) 1F UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9. AGE (In years last birthday) Male White Haurs Sept. 17-1892 DIVORCED WIDOWED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) COUNTRY? INDUSTRY U.S.A. Petroleum Distrib-Frederick Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Wm. Frederick Keyser Adella E. Stull 17 INFORMANT Address Frederick. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give wor or dates of service 214- 10-2472 Mrs. May F. Keyser-1207 Fairview Ave. burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove (b) rise to immediate cause (a). DUE TO for use as the b Health priar to b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS PERFORMED? MEDICAL CERTIFICATION NO THE YES 🔲 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. af H 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) 19 at work at work 21. 1 certify that (1) (this haspital) attended the deceased from Notation director, page 3 shauld shauld be filed with the sow the deceased olive on and that death occurred of A. M. From couses and on the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING June 10-1967 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Professional Bldg.-Frederick, Md.21701 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b DATE THEREOF (County) (State) Frederick, Md. 21701 June 13-1967 Mt. Olivet Cemetery ADDRESS Whitmore 256 REGISTRAR'S SIGNATURE M.R. Etchison & Son--Frederick, Md. 21701 VR A15 (4) IIO M 1/66 DATE

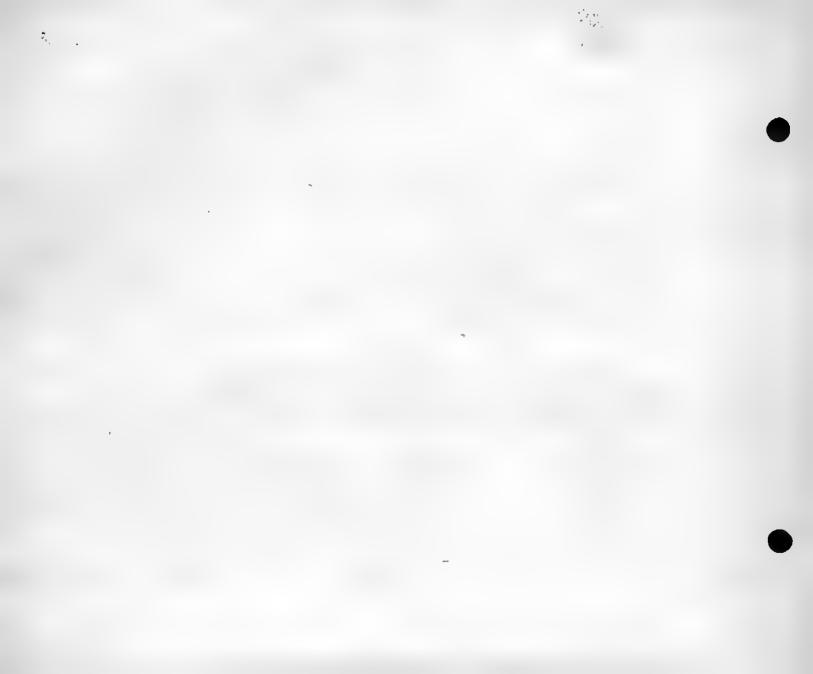
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08166 08151 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR/STAT PLACE OF DEATH 7 LISTIAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY 2, onu . PM3. Poge delay is MARYLAND permit File pages land 2 with the State Department c LENGTH OF STAY N 1h c CITY OR TOWN (It outs de l'apporate limits, write RURA, and ave negrest town) write-RURAL and give negrest town! HAGERSTOWN d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUT ION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm BONNI NAME OF DATE DECEASED OF DEATH (Type or pnnt) S SEX AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months WIDOWED within 711 hours ofter depth IDO JSUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 2 CIT ZEN OF WHAT dur ng nost of work no lie even if retired) 170 11 13 FATHER'S NAME 17 INFORMANI NIERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per lin ONSET AND DEATH event PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) This certificate should in ally (Conditions, if only, which gove use to immediate couse (a), o stoting the underlying couse 19 WAS AUTOPS)
PERFORMED? removol, PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES NO the certificote, 200 EXTERNAL CAUSE WAS PRIMARY ROOF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter notive of injury in Port of Part I of tem 8) 3 shaul foctory street office bldg etc.) 20c TMF OF NJ., RY Month Dov Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, 2Df (City or town) (County) Not While 6-221967 FUNERAL DIRECTOR: Pogm Poge of work at work 21 | certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian the funeral director. death resulted fram: Hamicide Natural causes Acc dent * Su cide Undetermined manner moy be retained ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MED CAL EXAM NER RODESCI J Address (Street city, tawn, or county) NAME (Type) 230 B. RIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23ь DATE THEREOF 23d LOCATION (City or Town) REMOVAL (Specify) FUNERAL DIRECTOR REC D BY REGISTRAR A15ME 6M 1/67

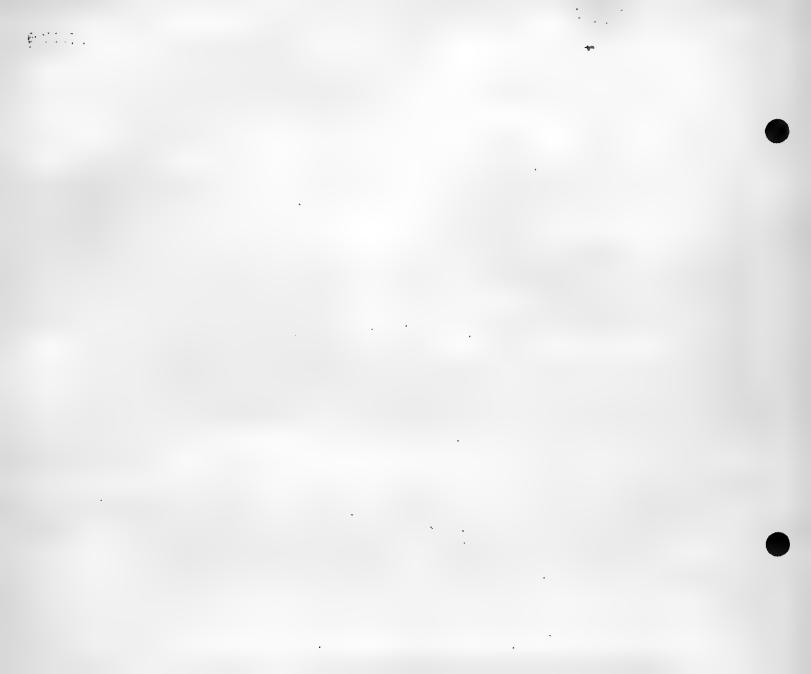


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08152 08165 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPI PLACE OF DEATH USHAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY b COUNTY h CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN 16 write RURAL and give nemest town BEKST d NAME OF MOSP TAL OR INSTITUTION (I not in hospital give street oddress) IS RESIDENCE ON A FARM? Office atang with farm NO K NAME OF DECEASED OF DEATH 67 AGE (In years lost birthdoy) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working the, even if retired) COUNTRY 3 13. FATHER S NAME INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per ONSET AND DEATH PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) writing the ward Conditions, flony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) removal, CERT FICATION YES NO T 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 3 shauld PRIMARY FAIR CONTRIBUTING CAUSE OF DEATH 20e PLACE OF NJURY (Home farm foctory, sieet, office bldg, etc.) 20c TIME OF INJURY Month, Doy, Year of work 21 I certify that I taok charge of the remains described above, held an Autapsy Inspect an and in my opin ar may be retained for FUNERAL DIRECTOR: Su'cide death resulted from Natural causes Undetermined manner 5 may be retaine TO FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town or county) 23d LOCATION (City of Town) Q EMETERY WESTERN PORT

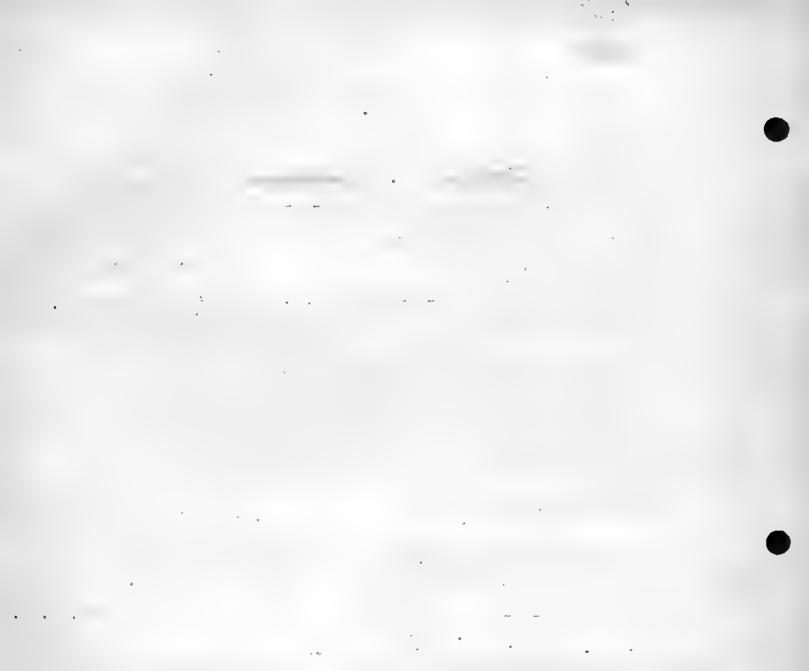
250. RECY BY REGISTRAR 25b REGISTRAR S 24 FUNERAL DIRECTOR VR A15ME (5)



	MARYLAND STATE DEPARTMENT OF HEALTH BLEIGHT From Birth Cen CERTIFICATE OF DEATH	MARYLAND
er death	PLACE OF DEATH a. COUNTY Frederick 2. USUAL RESIDENCE (Where deceased lived, If institution: b. COUNTY b. COUNTY	Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURA write RURA and give peacest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	
41	Frederick Memorial Hospital	ON A FARM? YES NO NO
3.	NAME OF First Middle Last 4. DATE Month OF Crype or print) Baby Boy King DEATH	Day Year 23 1967
	M N WIOOWED DIVORCEO 6/23/67 last Dirthday) Months	
du	a. USUAL OCCUPATION (Give kind of work done in the line of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Fred. Co., Md.	CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME Nack Arthur Rowe Shirley King	
i	5. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service)	
2:	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION		PERFORMEO?
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Phour a.m. While at work at work at work 20c.)	ounty) (State)
23	21. I certify that (I) (this hospital) attended the deceased from \$\frac{1}{2}\$, 19\frac{1}{6}\$, to \$\frac{1}{2}\$, 19\frac{1}{6}\$, to \$\frac{1}{2}\$, 19\frac{1}{6}\$, to \$\frac{1}{2}\$, 19\frac{1}{6}\$, and that death occurred at \$\frac{3}{2}\$ M, from the causes and on \$\frac{22a}{2}\$. SIGNATURE \$\frac{1}{2}\$ M.D. ATTENOING \$\frac{1}{2}\$ MED. STAFF PHYS. \$\frac{1}{2}\$ DIRECTOR \$\frac{1}{2}\$ PHYS. \$\frac{1}{2}\$ ANDRESS MAME (Type) \$\frac{1}{6}\$ FRED \$\frac{1}{6}\$ AKER \$\frac{1}{6}\$ M.D. Helsekick \$\frac{1}{6}\$ ALE	the date stated above.
123 123 14	REMOVAL (Specify) 6-24-67 Col Camelery Froetts ville A. FUNERAL DIRECTOR BAODRESS 25a. REC'D BY REGISTRAR 25b.	UKANUR (STATE)
	7-194347	- Jung



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF BEATA after death USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick a. STATE b. COUNTY Frederick Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Thurmont rural hours Thurmont rural vrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 e. IS RESIDENCE ON A FARM? RD Own Home within etely NO pou NAME OF First Middle DATE Month Oav Year DECEASED any event, 1 (Type or print) EATHERMAN DEATH executed 196 5. SEX 6. COLOR OR RAC DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIEO 10-13-1878 birthday) and Months I white Days Hours male WIDOWED TH DIVORCED I 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease 12. CITIZEN OF WHAT certificate be Own Farm COUNTRY? USA Farmer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME ing pl removal Josephine Curtis Daniel Leatherman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. cremation, or r 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 21/1-36-00/18 John D. Leatherman No Thurmont Md. RD1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transi PART I. DEATH WAS CAUSED BY: ONSET AND DEATH attending physician. IMMEDIATE CAUSE (a) been Sig. DUE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. SS (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health I 19. WAS AUTOPSY PERFORMED? NO F YES the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I ם פ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEOICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work D HOSPITAL OR ATTENDIT Page 4 may be retained 21. I certify that (I) (this hospital) attended the deceased from 1958, to 2 . 1967. that (I) (we) last DIRECTOR: age 3 should led with the 1967, and that death occurred at 255PM, from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22b. OATE SICNED ATTENOING PHYS. DIRECTOR M.D. FUNERAL | Frector, par bould be fil 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Profeecional Bldg. Frederick. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 9 REMOVAL_(Specify) Blue Ridge Cemetery Thurmont Fred . Co. Md. Burial **FUNERAL OIRECTOR** 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE VR A15 (4) Thurmont, 20M 1/65



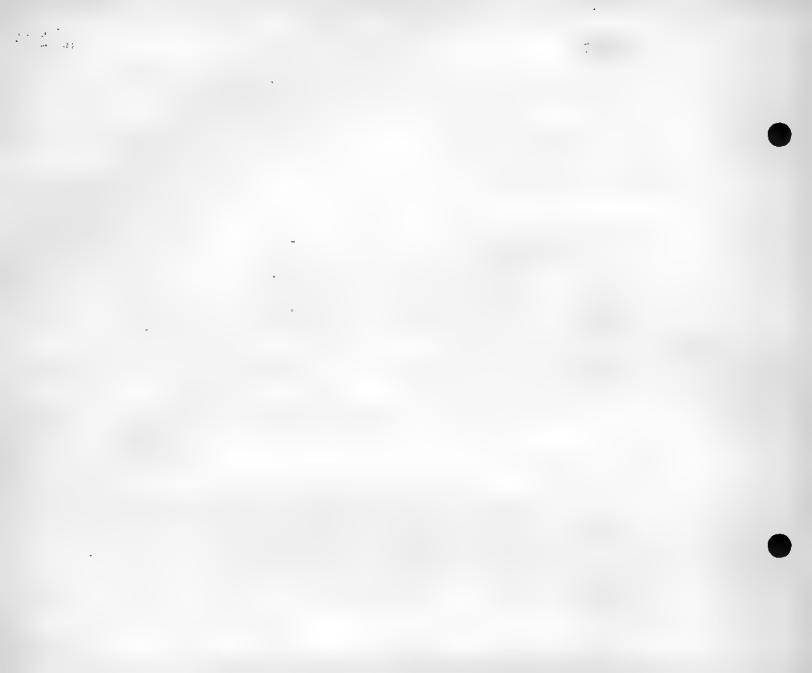
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08155 CERTIFICATE OF DEATH 08163 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission PLACE OF DEATH COUNTY Frederick Frederick Maryland MARYLAND signed by the attending physician and campletely filled in by the f burial-transit permit. Then please remove Latban papers. Pages b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 16 CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Myersville vears Mversville d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO SE NAME OF Middle 4 DATE Day Year DECEASED VERNON WARD LEATHERMAN 10 28 (Type or print) June event, DEATH SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS last birthdoy) Months Hours **XXXX** white WIDOWED X DIVORCED Nov.27,1874 , and in any 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working rie, even if retired)
Retired Farmer COJINTRY? IND..STRY farm Frederick Co. Md own gen. II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval John C. Leatherman Susan Grossnickle 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dotes of service) Mrs.Margaret N.Dutrow, Myersville 1B. CAUSE OF DEATH (Enter only one cause per imp for (a), (b) and (c).)
PART I DEATH WAS CAUSED BY. NYERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO r this certificate has been si detached far use as the b te Dept, af Health priar to b stating the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OA SE OF DEATH (IF EITHER, NOTIFY MED ON EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of miury in Part I or Part II of item 18.) director, page 3 should be detache should be filed with the State Dept. 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) 20c. TIME OF INJURY Month, Dov. Year (State) Hour o.m. factory, street, affice bldg., etc.) While Not While at work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an. Lewe 2 41967, and that death accurred at M. (Nam causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Elmer Harn Middletown, Md 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Grossnickle's Myersville 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Myersville.



Division of STATISTICAL	MARYLAND STATE DEP RESEARCH AND RECORDS, 301	'ARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYL	
08170	CERTIFICATE		08156
D. PLACE OF DEATH O. COUNTY Frederick b. CITY OR TDWN (If outs de corporote mits, write RURAL and give negrest jown)	MARYLAND c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceosed lived, if institute o. STATE b. COUR Maryland c CITY OR TOWN (If outside corporate limits, write RUI Knoxville	Frederick
d NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE DN A FARM? YES NO
S. SEX 6. COLOR OR RACE 7. M	Frederick Li	DATE OF BIRTH OF DEATH O	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? II S A
TIEWIS H. Lincks 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause	220-05-6955 T	Lovetta Cooper NFORMANT Addr	ess XVIII Md. INTERVAL BETWEEN ONSET AND DEATH
PART II OTHER SIGNIFICANT CONDITIONS CONTRI 2Do ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Yeor Hour o.m. 19	206. DESCRIBE HOW INJURY DECURRED. (200 INJURY OCCURRED 20e. PLAC	Enter noture of injury in Port I or Port II of item 18.) (E OF INJURY (Home, form, pry, street, office bldg, etc.)	19 WAS AUTOPSY PERFORMED? YES NO (County) (Stote)
	carre, M.D.	o. ATTENDING MED DIRECTOR PHYS. [22d. ADDRESS] Frederick Maryland	22b DATF SIGNED 6 29 67
230. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL SUPERIOR 7/I/67 24) FUNERAL DIRECTOR LOCAL SUPERIOR VI		s Cometery Brunswick ary Lazza Rec By Registrar 25b. 6 DATE JUL 3 1967	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 98157 CERTIFICATE OF DEATH 08171 executed within 24 haurs after death. dompletely filled in by the funeral and ave carbon papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE Waryland b COUNTY Frederick o. COUNTY Frederick MARYLAND b CITY OR TOWN (If outside carparate imits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Addition Brunswick e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) East Potomac 733 Street New Addition YES NO IX Middle 4. DATE NAME OF First Last the attending physicial what completely sit permit. Then please earlave carban Day Year DECEASED Lloyd Arrah Maa 0 10 (Type or print) DEATH IF UNDER I YEAR S SEX 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Jost birthdoy) Months Days Haurs "Thi to Female and in any WIDOWED K DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT FOUNTRY ? during prost of working life, even if refised) (E1 School Virginia The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Lizzie Frve Joseph Wilt Address TS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) -34-2284 James M. Lloyd, Falling Water, W. Va. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART | DEATH WAS CAUSED BY burial-transit ONSET AND DEATH AMCINDMA signed by 1 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? for use Health 1 NO 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH á detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year factory, street, affice bldg, etc.) Haur a.m. Not While at wark /2 - 3 - 19 / that (I) (we) last 21. I certify that (I) (this heispital) attended the deceased fram. , and that death accurred at AT M, from causes and on the date stated above. saw the deceased alive an. 22a SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR M D PHYS nd ADDRESS wick, Paryland 22c. PHYSICIAN S Charles 伝. Pruitt. N.D. NAME (Type) director, shauld (Store) 230 BURIAL CREMATION REMOVAL SPACE (1) C23h CDATE THEREOF 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15 (4) 1 Mineley Judge



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 黄 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edm a. COUNTY b. COUNTY Frederick MARYLAND Maryland Baltimore b. CITY OR TOWN (if outs'de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) .5~ Since 1963 Baltimore d NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress d STREET ADDRESS a. IS RESIDENCE hours ON A FARM? Md. Odd Fellows Home 2909 Dunran Road papers. n 72 hou completely YES NO 3. NAME OF Middle Month DECEASED OF (Type or print) Louden 27-Mary H. DEATH June 1967 ove-carbon | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR) IF UNDER 24 HRS. and 80 birthdey) Whi te Jan. 18-1887 Female certificate WIDOWED K DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) I 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratirad) U.S.A. Homemaker England Ξ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME <u>ple</u> and Joseph Smith Laura Burley Then oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detas of service) the t 213-07-9116D Md. Odd Fellows Home- Frederick. Md.21701 permit. attending physician. signed by 18. CAUSE OF DEATH [Enter only one couse par line fox (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY, cremation. IMMEDIATE CAUSE (e) burial-fransit DUE TO has been Conditions, if any, which gave rise to immediate cause burial, DUE TO (e), stating the underlying the eft the hospital or DIRECTOR: After this certificate should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY % <u>9</u> CERTIFICATION PERFORMED r use a NO 2Da ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) Health OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stele) Month, Dev. Yeer ö fectory, street, office bldg., etc.) Hour e.m. Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from Surv , and that death occurred a 12:05A from the causes and on the date stated above. saw the deceased alive on.. 22b. DATE 22e SIGNATURE SIGNED ATTENDING FUNERAL HOSPITAL DIRECTOR PHYS. PHYS. M.D. 22c PHYSICIAN'S 22d. ADDRESS filed \ NAME (Type) Prof. Bldg.-Frederick, Md. 21701 Dr. B.O. Thomas, Jr. 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 0 5 8 REMOVAL (Specify) June 30-1967 Oak Lawn Cemetery Baltimore- Md. Frederick, Md. 21701 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR AIS (4) 20M 5-63

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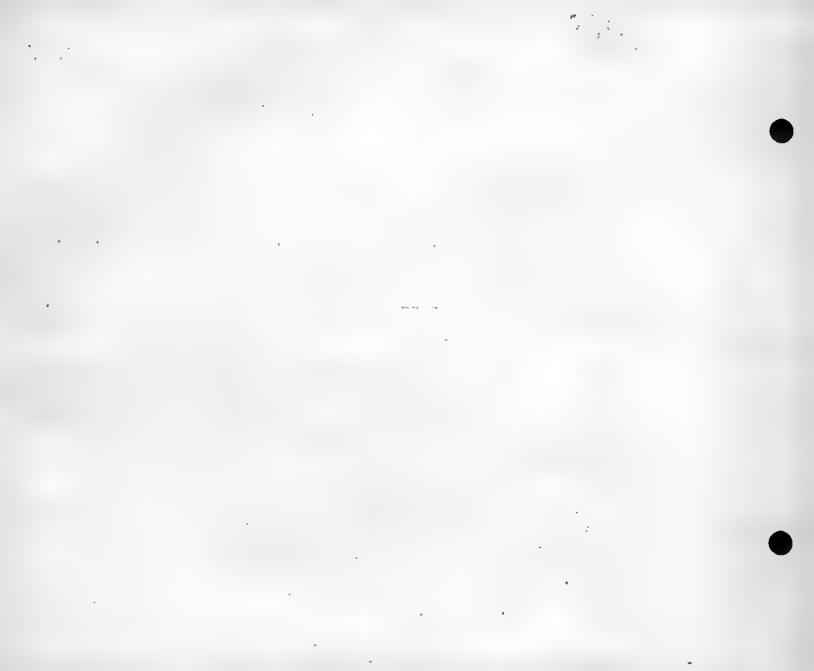
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08173 MEDICAL FXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) p. COUNTY b COUNTY MARYLAND Maryland Frederick Frederick b CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Frederick pages land 2 with the Stote Depart Frederick Years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS pending" in pencil in tem 18 Give Pages 1, et Medical Examiner's Office olong with form NO 😓 YES tem 18 Give Pages DOA- Frederick Memorial Hospital 227 E. 4th. St. NAME OF DATE last Manth Year Day DECEASED June 19 67 (Type or print) DEATH Graden Markoe IF ... NDER IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARR ED birthdoy) Manths Sept. 14-1908 in any event within 72 hours ofter deoth W DOWED D VORCED White 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT during most of warking life, even if retired) Tailoring Co. COUNTRY? Maryland be executed within 24 14 MOTHER'S MAIDEN NAME 13 FATHERS NAME Ada Baker Wm. G. Markos 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT AddressFrederick.Md. (Yes, no, ar unknown) (If yes give war ar dates of service) 214-10-3061 MissBetty Lou Markoe-227 E. 4th.St.-18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH should be forwarded to the Chief Acute congestive heart failure IMMEDIATE CAUSE (a) writing the word DUE TO Coronary artery occlusion Canditions, if any which gave nse to immediate couse (a). DUE TO stating the underlying couse Arteriosclerotic cardiovascular disease 19 WAS AUTOPSY PERFORMED? or removol, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART HOL d NO 🚣 please execute the certificate, 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of noury in Part Lar Part Laf item 18) PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form, (City or fawn) 20c. TME OF INJURY Month, Doy, Year factory, street, affice bldg., etc.) Not While at work Inspect on 🙀 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry [], and in my opinion Accident Suicide . Homic'de Undetermined monner be retoined CHIEF MEDICAL EXAMINER prior to 22 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL June 6-1967 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 Address (Street, cty, town, or county) Frederick, Md. NAME (Type) Dr. Robert J. Thomas 230 BURIAL, CREMATION, REMOVAL (Specify) 234 NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF 23d LOCATION (City or Town) (State) 50 Frederick, Md. 2170] 250. REC D BY REGISTRAR VR A15ME (Frederick, Md. 6M 1/67

201 5469 A. T. utta. t. ostita. e Tell 111112 · * 14-19,8 = 1.1 varivies .o ...itoli da baker 25 X

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08174 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence a. COUNTY n. STATE Maryland Frederick Fred rick MARYLAND b CITY OR TOWN (If autside carparate l'mits c. LENGTH DE STAY IN 15 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) TWING PURAL engagere nearest towals a 1 Lifetime Thurmont rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? d. STREET ADDRESS Own Home RD YES ND DT 3. NAME OF 4. DATE Last Month Year DECEASED Lessie Daisey Martin June 17 67 19 Type or past DEATH b 9. AGE (In years 1F UNDER 1 YEAR IE JNDFR 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED remove at pirthday) Months Days Hours Femalo White 2-2-1884 WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 100 JSUAL OCCUPATION (Give kind of work done 1), BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) **COUNTRY?** physician (nen please INDUSTRY Own Home Housewile Maryland USA attending physic permit. Then ple ion, ar removal, c 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Shuff Matilda Mumford IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates at service) 220-03-L017A Mrs. Clara Fuss Thurmont. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (ch) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES [O FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20g ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Not While of work 1963 to XIII 16 21. I certify that (1) (this hospital) attended the deceased from 19 6 7, and that death accurred at 1230 M. from causes and on the flate stated above. saw the deceased alive an. 22a, SIGNATURE 22b. DATE SIGNED ATTENDING. M.D. DIRECTOR PHYS. PHYS director, page 3 should be filed 22d ADDRESS 22c. PHYSICIAN'S Gray Thurmont. Md. NAME (Type) James 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230, BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) BIREMOVAL (Specify) 6-19-67 Lewistown Cemetery Lewistown Md. Fred Co. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Octionles Judge E. Creager



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08175. CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before sician and completely filled in by the funeral please remave carban papers Pages T and I, and in any event, within 72 hauryatig debit PLACE OF DEATH a. SIATE Maryland b. COUNTY Prederick o. COUNTY. rederick MARYLAND b (ITY OR TOWN (if autside carparate limits, write RURAL and give rearest town) 1.1 c CITY OR TOWN (If gutside corporate limits, write RURA) and give nearest town) C LENGTH OF STAY IN 16 Rural (Knoxville) d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO [3 NAME OF First Middle Lost 4 DATE Manth Dov 1007 DECEASED MATHEWS CHARLES FRANCIS ĎĖATH (Type or print) 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years IF UNDER S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 7 lost birthday) Months Days Hours 12/25/88 WIDOWED DIVORCED Megro Male 11, BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT 100 USUA, DCC_PATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Retired employee COUNTRY? INDUSTRY Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Redickor Branson Mathews IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. Ъ Pearl Ella Mathews Knoxville. Md. 705-19-054 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) burial-transit p burial, crematir ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use CFRTIFICATION Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day-Yearfactory, street, affice bldg., etc.) Haur o.m. Not While shauld be that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from____ and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. ADDRESS wick Maryland PHYSICIAN'S NAME (Type) C.E. Pruitt, M.D. directar, spauld b Cemetery Garrotts (State) 23a. BURIAL, CREMATION, REMOVALISPECTIVE. NAME OF CEMETERY OF CREMATORY AD DRESS 24 ZPUNERAL DIRECTOR 250. RECD BY REGISTRAR Brunswick Md. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR S PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission o. COUNTY a STATE b. COUNTY Poge Frederick Maryland Frederick
c CITY OR TOWN (If outside corporate I mits write RURA, and give, nearest tawn) MARYLAND Frederick b CITY OR TOWN (f outside corporate im ts, c. LENGTH OF STAY IN ID write RURAL and give nearest town) Frederick Frederick 14 vears d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS B IS RESIDENCE ON A FARM? form NO X 316 Madison Street word "pending" in pencil in Item 18 Giv Pages the Chief Medicol Examiner's Office alang with for D.O.A. Frederick Memorial Hosp. be sxituted within 24 hsars ofter death 3 NAME OF First 4 DATE Day Year DECEASED (Type or print) James McCloud June 19 67 Lawrence DEATH 9 AGE (In years 5 SEX IF UNDER I YEAR 6 COLOR OR RACE IF LINDER 24 HRS 7 MARRIED NEVER MARR ED X 8 DATE OF BRTH last birthday) event within 72 hours ofter death. MIDOWED D VORCED 9-26-1921 Male Negro 10a LSUAL OCCUPATION (Give kind of work done 10b K ND OF BLSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of warking life, even if retired) INDUSTRY District of Columbia 36-36-36-36-36-36-36 Cooks Helper 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME Isabelle Young Charles D. McCloud WAS DECEASED EVER IN L.S. ARMED FORCES? 16. SOC A. SECURITY NO 17 INFORMANT Address Washington D (Yes, na, or unknown) (If yes give wor or dates af service 578-20-1483 Charles McCloud 502 25th Place N.E.C Yes 1B CAUSE OF DEATH (Enter only one cause per e (ar (a) (b), and (c)). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) writing the word 161X DUE TO any Conditions, if any, which gave (b) forwarded to nse to immediate couse (a). DUE TO stating the underlying couse 00 19 WAS AUTOPSY cremotion, or removol. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAIL DISEASE CONDITION GIVEN IN PART 1(d) PERFORMED? YES NO CERTIFICATION pe 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of in vry in Part 1 ar Part 1 of term 1B) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH 20E (City or town) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. P.ACE OF IN.LRY (Hame, farm, (Caunty) factory, street, office bldg. etc 1 your DIRECTOR: Page Not While at wark at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural couses deoth resulted fram-Accident Suicide . Homicide Undetermined manner CHIEF MED CAL EXAMINER 22. DATE SIGNED ASSISTANT MED CAL EXAMINER may be re FUNERAL I SIGNATURE DEPLTY MEDICAL EXAMINER **EXAMINER'S** eafth NAME (Type) Address (Street, city town, ar county) Robert J. Thomas 23a BURIAL, CREMATION 23b DATE INFREDE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 500 REMOVAL (Specify)
Burial 6/30/67 Fairview Frederick Fred. 24 FUNERAL DIRECTOR lianles VR A15ME (5) 6M 1/67 C.E. Hicks. 111 Frederick, Md DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08163 08177 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) OUNTY Frederick b. COUNTY Sarvland Frederick MARYLAND physician and campletely filled in by the b CITY OR TOWN (If outside corporate kmits, write RURAL and give nearest town) 6. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) The law requires that the death certificate be executed within 24 haurs Frederick Week Frederick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? event, within 72 hOh Carroll Parkway Frederick Memorial Hospital YES NO TO 3 NAME OF Middle 4 DATE Lost Month Year Doy DECEASED (Type or pant) CHARLES LERGER H. DEATH June 19 67 S. SEX 6. COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED DATE OF BIRTH Jost birthdoy) Dovs Hours White Lale WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during most of working life, even if retired)

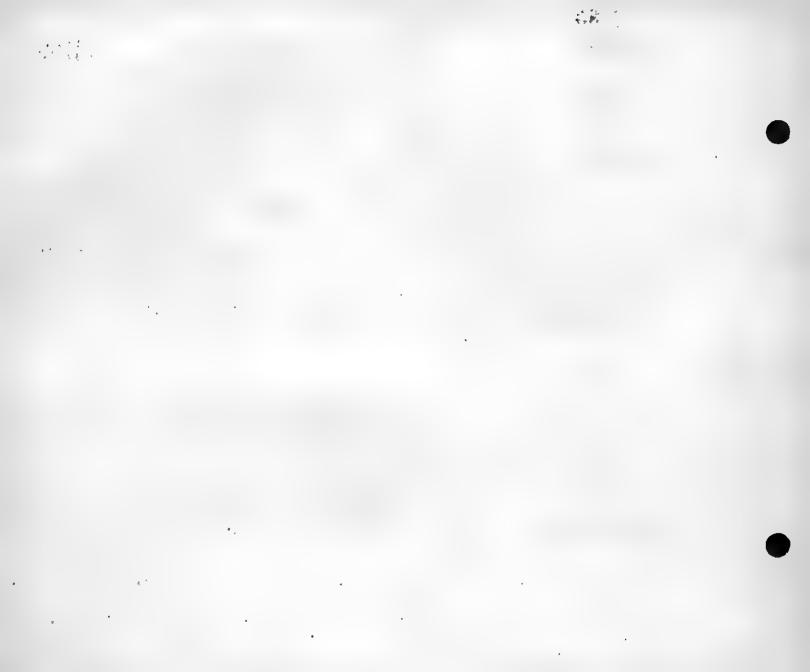
Retired Petroleum Business Frederick County, Ad. U. S. A. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval Charles E. Mercer Lavinia Poole 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) Mrs. Cora Mercer(Same as item # 2 burial, crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) **burial-transit** ONSET AND DEATH. PART I DEATH WAS CAUSED BY signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health priar to WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO TO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING C OR CONTRIBUTING CAUSE OF DEATH with the State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour om. foctory, street, office bldg., etc.) Not While þe 196), that (I) (we) last 2). I certify that (1) (this haspital) attended the deceased fram Co. 1962 to 19 12, and that death accurred aterin M, from causes and on the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED ATTENDING X M.D. PHYS. director, page 3 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Thomas E. Stone, M. D. West Third Street. Frederick, Jarvland 230 BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVA (Specify) Frederick, Maryland Mount Olivet Cometery **REC'D BY REGISTRAR** 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 [4 H. R. Stchison & Son, Frederick, Maryland

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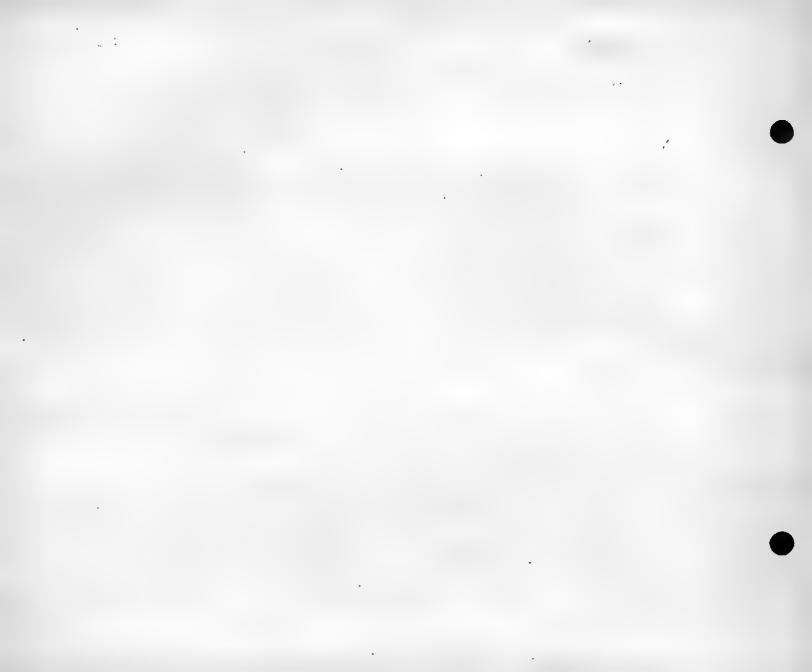
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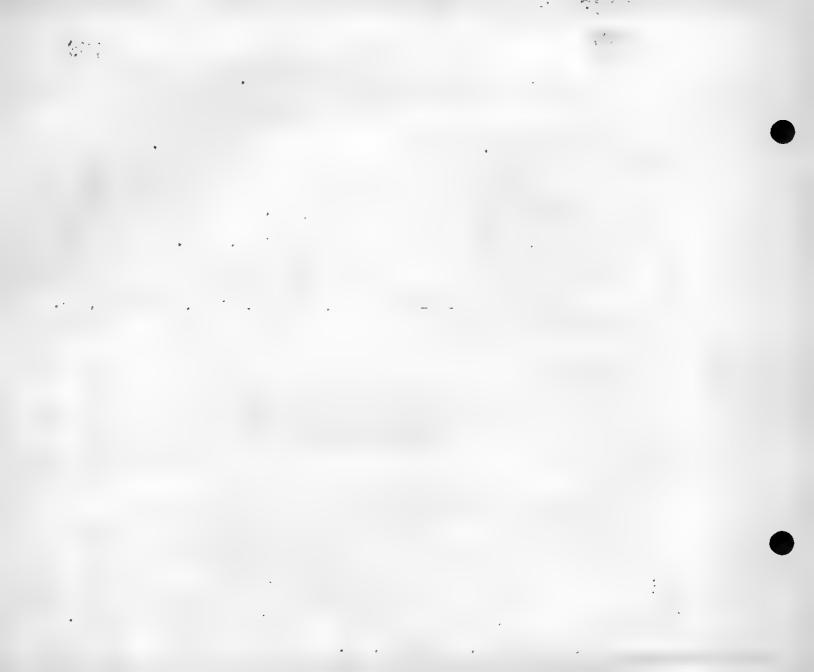
Frederick Memorial Hospital 205 East14 Street NAME DE DECEMBRY 3. RANKE DE DECEMBRY (Spoe or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NUMBER MARRIED NUMBER	_	08173 CERTIFICATE OF DEATH	0102
D. C. CITY OR TOWN (if cutative corporate limits, write RURAL and give nearest town) D. C. CITY OR TOWN (if cutative corporate limits, write RURAL and give nearest town) Frederick	Ĩ	B COUNTY 4. DOOKE RESIDENCE (WHERE BECEASED INVENTIONS RESIDE	ince before admission
Definition of the normal of outside corporate limits, write rural and give net write for normal contents of the no	-	Frederick Maryland Manyland Unac	derick
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitals) d. STREET ADDRESS Frederick Memorial Hospital 205 East!A! Street VES JAME OF DECEASED (Type or print) CLIVER CHARLES Last Last Last Month Day DECEASED (Type or print) CLIVER CHARLES Last L		write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town
Frederick remorial Hospital 3. NAME OF DECKASE OF STATE	-	d. Name OF HOSPITAL OR INSTITUTION (f not in hospital also steat advantage)	/
3. NAME OF DECEASED (1790 or print) DECEASED (1790 or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NATE OF BIRTH S. AEE OF years FURDER YEARIFUM Note 19 Note 10 Note	L		e. IS RESIDENC ON A FARM?
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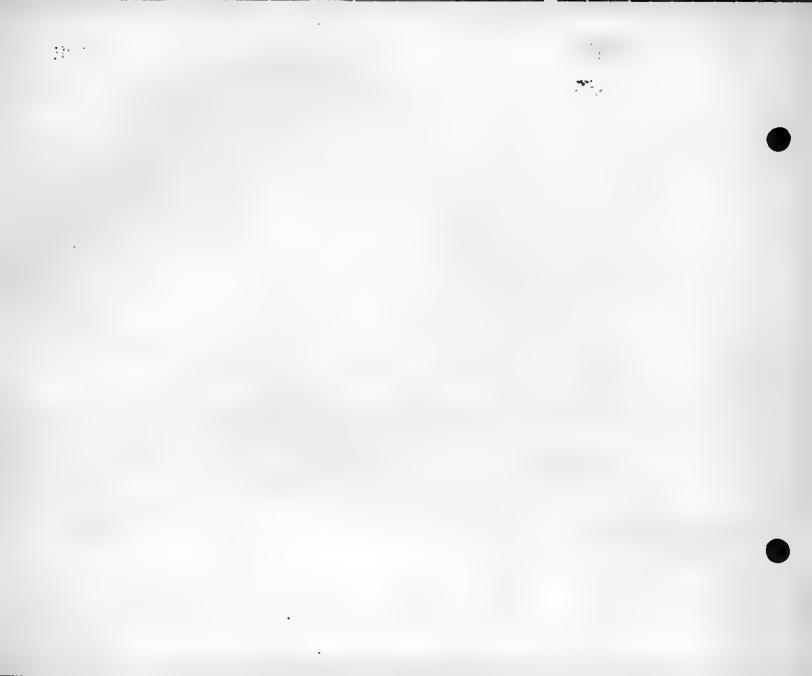
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08180 be executed within 24 haurs after death the funeral and 2 USUAL RESIDENCE (Where deceased lived, it institution. Residence before admission PLACE OF DEATH o. COUNTY o. STATE **b** COUNTY MARYLAND MAZYLAND ican and campletely filled in by the feese rethave carban papers. Pages and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside comprote limits, write RIJRAL and give negrest town) write RuRAL and give negrest town) IC e IS RESIDENCI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? NO X YES OYIBL NAME OF 4. DATE the attending physician and tampletely fi sit permit. Then please-remaye carban Last Dov Year DECEASED OF DEATH O! 19 (Type or print) IF LINDER 1 YEAR IF UNDER 24 HRS SEX AGE (In veors COLOR OR RACE NEVER MARRIED DATE OF BIRTH lost birthdoy) Doys Months Hours NEGNO WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT TOO LISTAL OCCUPATION (Give kindle) work done drang most of working life, even if retired) COUNTRY? INDUSTRY 112-91NIA The law requires that the death certificate 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. IAMS INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 Address (Yes, no, or unknown) (If yes give wor or dates of service) ESSOP /ZA crematian. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, 1 Conditions, if ony, which gove ase to immediate couse (a). DUE TO far use as the k f Health priartab stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHLBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO YES ACD. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [detached for the Dept. of F OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m Not While 19 OR ATTENDING at work at work pe 2]. I certify that (1) (this haspital) attended the deceased from May 28 , 19 67, that (1) (we) last 19.6 7. ta should 19 67, and that death accurred at 44 A M. Fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR PHYS. director, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BOX 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h DATE THEREOF (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) LeaSANI REGISTRAR'S SIGNATURE 2Sb. 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 DATEJUN



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08181 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH signed by the attending physician and campletely filled in by the three burial-transit permit. Then please remove carban papers. Pages Far o. COUNTY o. STATE **b.** COUNTY Blount Frederick MARYLAND law requires that the death certificate be executed within 24 haurs aftel b CITY OR TOWN (f outside corporate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag write RURAL and give neorest town) Marvville Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 214 Stanley St. Frederick Mem. Hospital NO DO 4 DATE NAME OF Middle Dov Year DECEASED 67 June 19 event, Thomas Lamar (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours July 20,1875 DIVORCED White WIDOWED Male 11 BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY 2 during most of working life, even if retired) INDUSTRY Maryville, Tenn. Retired Banker 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal. Mary Jane Broady James Waters Nuchols 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Damascus, Md. Mr. James W. Hitch, No crematian. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MEUMONIA IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. 4200 DHE TO CONGESTIVE HEART FAILURE + PULL GODAN Conditions, if only, which gove rise to immediate couse (a), DHE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the ARTCRIUSCLCROTIC MEART 19. WAS AUTOPS'
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CARCINONA BLADDER, ARTSCL GENERALIZE NO CARCINOMO PROSTATE. 20o. ACC DENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram. 1962, that (I) (we) last 1967, and that death accurred at 7103 M, fram causes and an the date stated above saw the deceased alive an. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING M.D. PHYS directar, page shauld be filed **ADDRESS** 22c PHYSICIAN'S TOLI HOUSE AND FREDERICK, MIT NAME (TYPO & ILCIN F. MGADORS, M 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (State) 230. BURIAL, CREMATION, REMOVAL (Specify)
Burial Pleasant Grove Baptist Marvville, Tenn. June22,1967 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VCharley Judg VR A15 (4) Olin L. Molesworth. Damascus, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08169 CERTIFICATE OF DEATH 08182 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY a. STATE Maryland Frederick MARYLANO Frederick b CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) write RURAL and give nearest town)
Frederick Rural vears Rural Frederick d NAME OF HOSPITAL OR INSTITUTION (If nat in hospita, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Route YES NO X Route NAME OF 4. OATE First Middle Last Month Cay campletely carbar **OECEASED** OF Fannie Phleeger G. (Type or pant) ÖEATH and in any event, S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED AGE (In years **NEVER MARRIED** B DATE OF BIRTH last birthday) Days Hours white female WIDOWED X DIVORCED 16a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT physician a during most of working life, even if retired)
NOUSEWIFE INDUSTRY COUNTRY? own home Frederick Co., Md 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or remayal, attending phys Henry Gonso Charlotte Kolb WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Route 5 (Yes, na, ar unknown) (If yes give war or dates af service no Ida Phleeger, Frederick 1B. CAUSE OF DEATH (Enter only one cause per line) for (o), (b) INTERVAL BETWEEN signed by the burial-transit purial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital or attending physician. 4200 DUE TO Conditions, if any, which gave nse to immediate couse (a), **DUE TO** stating the underlying couse ₽ O FUNERAL DIRECTOR: After this certificate has been S PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL O SEASE COND T ON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? detached for use YES 🗌 NO F 20a ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache shauld be filed with the State Dept 20e PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) 20c. TIME OF INJRY Month, Day, Year 20d INJURY OCCURRED Hour To.m. factory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from 1962 that (1) (we) lost 574 M. fram causes and on the date stoted obove. 1967, and that death occurred at saw the deceased alive on 22a. SGNATURE 22b DATE 5 GNFD M.D. PHYS DIRECTOR 22d. ADDRESS 22c/ PHYSIC AN'S NAME (Type) Thomas Frederick. 23a BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BUTT STIP Lutheran Cemetery Middletown 256 REGISTRAR'S SIGN 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 GladhillCompany, Middletown, Md. 1967



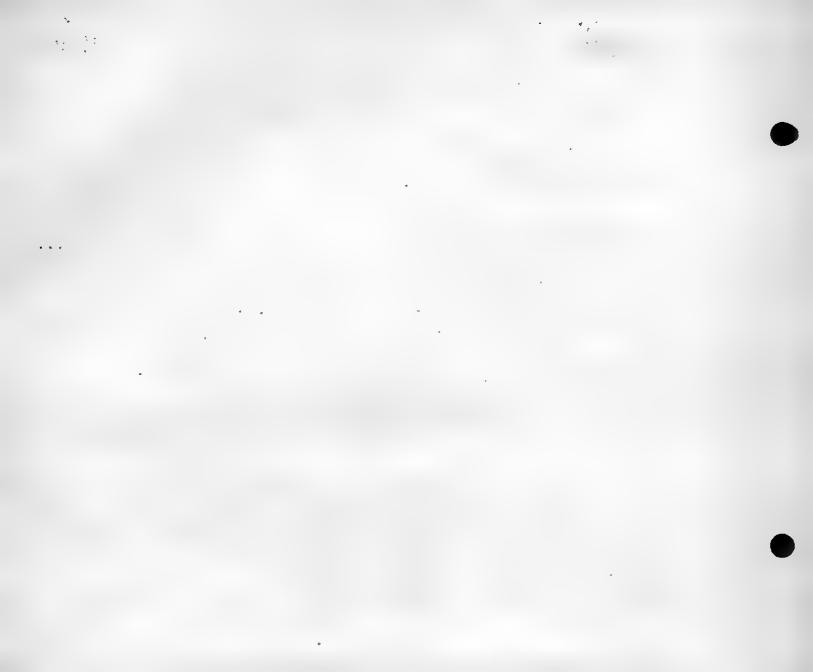
1			Division of STATISTICAL RESEA	MARYLAND STATE DEI RCH AND RECORDS, 301			D 21201
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r death	1)	ì	PLACE OF DEATH D. COUNTY Frederick	MARYLANO	2 USUAL RESIDENCE (Who	ere deceased lived, if institution and b. COUNTY J	Residence before admission) Trederick
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equires that the physicion. Signed by the buriol-transition buriol-transition burious to second the period of the buriol transition of the buriol transition to the period of the period	i to pandi, cremand		# DUE TO	DIVGESTIVE		FAILURE Rdiouasculai	interval between onset and death Dispuse
The low r r ottending s has been use as the		NOIT	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
D HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the	10.	CERTIFICATION	200. ACCIDENT WAS UNDERLYING CO. OR CONTRIBUTING COLOURS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED (Enter nature of injury in Par	t I ar Part II af item 18.)	
48 F * Ti d	e Ce	MEDICAL	20c TIME OF INJURY Manth, Doy, Year Hour o m. 19 20d IN While of work	Nat While focto	CF OF INJURY (Home, form, ory, street, affice bldg , etc.)	20f. (City ar tawn)	(County) (State)
IENDIN ned by R: Afte	ine oro		21. I certify that (1) (this hospital) attends saw the deceased alive on	ed the deceased from	, 19 I deoth occurred ot3	tata	, 19, that (I) (we) last on the dote stated above
OR ATT	U M D		220. SIGNATUR Coul Dhous	2S M.C). PHYS. LL DI	ED. STAFF PHYS.	22b. DATE SIGNED 6/67
PITAL moy b				HOMAS M.D.		roce Idouse C	ire
TO HOSPITAL OR ATTENDING Page 4 may be retoined by 1 O FUNERAL DIRECTOR: After director, page 3 should be	Shour	230	BURIAL, CREMATION, REMOVAL (Specify) 6/19/67	23c Name of CEMETERY OR C	Cemetery	23d. LOCATION (City or Town) Harpers Fe	(County) (State)
VR A15 (4 20 M 1/6	4)	24	FUNERAL DIRECTOR	Brunswick, M	d 2So REC'D B	y REGISTRAR 25b REGIST	RAR S"SIGNATURE



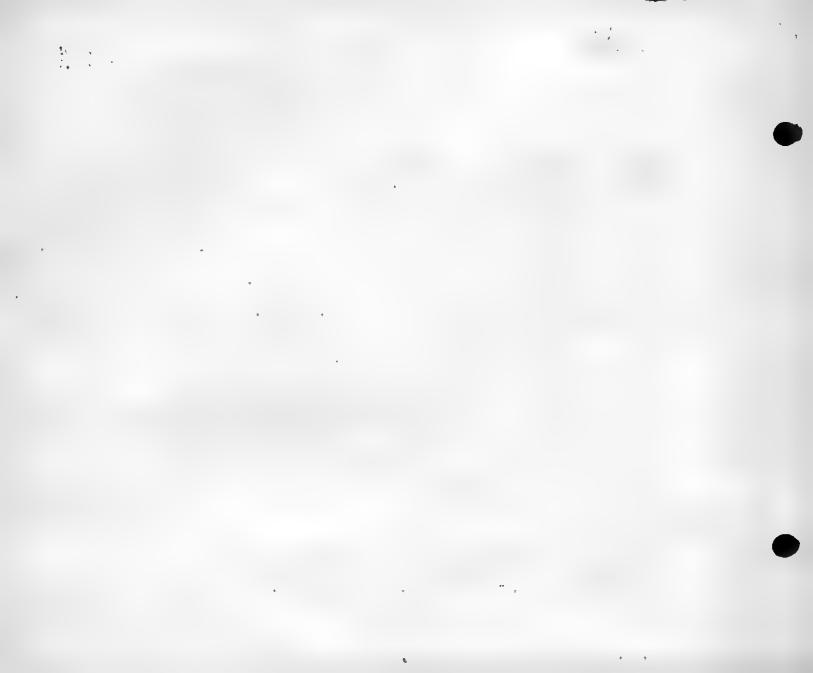
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institutions Residen **b.** COUNTY MARYLAND Frederick Maryland b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RJRAL and give nearest town) write RURAL and give neerest town) 10114 Middleburg, Md. FREDERICK Middleburg d NAME OF HOSPITAL OR INSTITUTION (f not in hospital g ve street addr. iss) d. STREET ADDRESS S RESIDENCE ON A FARM? YES NO V Wd 200, WRGH, Ft Detrick, Md. None Midd e 4. DATE Month Yan N DECEASED OF (Type or print) DEATH JOSEPH 1967 Α. ROSEBROCK June 6. COLOR OR RACE 7. MARR ED X NEVER MARRIED B. DATE OF BIRTH AGE (n years IF UNDER TYEAR IF UNDER 24 HRS. lest birthdey) Months Days DIVORCED WIDOWED | Feb 4, 1922 Male 45 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Soldier USA Queens, New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Henry Rosebrock Emma Sassa 15. WAS DECEASED EVER IN J S. ARMED FORCES? , 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or detes of service) Middleburg, Md. Jane G. Rosebrock 1942 - 1965 Wife 1B. CAUSE OF DEATH [Enter only one ceuse per tine for (a), (b), end (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction all. IMMEDIATE CAUSE (6) DUE TO Conditions, if eny, which ' geva rise to immedieta cause DUE TO (a), stelling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? 20a, ACCIDENT WAS UNDERLYING [7] , 20b, DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert | or Pert | of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. NJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While at work Hour (a.m.) Smith's Bakerv Ladieshurg Frederick 21. I certify that (1) (this hospital) attended the deceased from 196? 10. 24 June 196? that (1) (we) last saw the deceased alive on ... 22...June.1967., and that death occurred al. 3.: 20, from the causes and on the date stated above 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. D RECTOR PHYS. MD June 67 22c. PHYSIC, AN'S 22d ADDRESS NAME (Typa) US Army Medical Unit, Ft Detrick, Md. A. C. ALEVIZATOS, -Captain, -MC 23a. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 0.42 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60



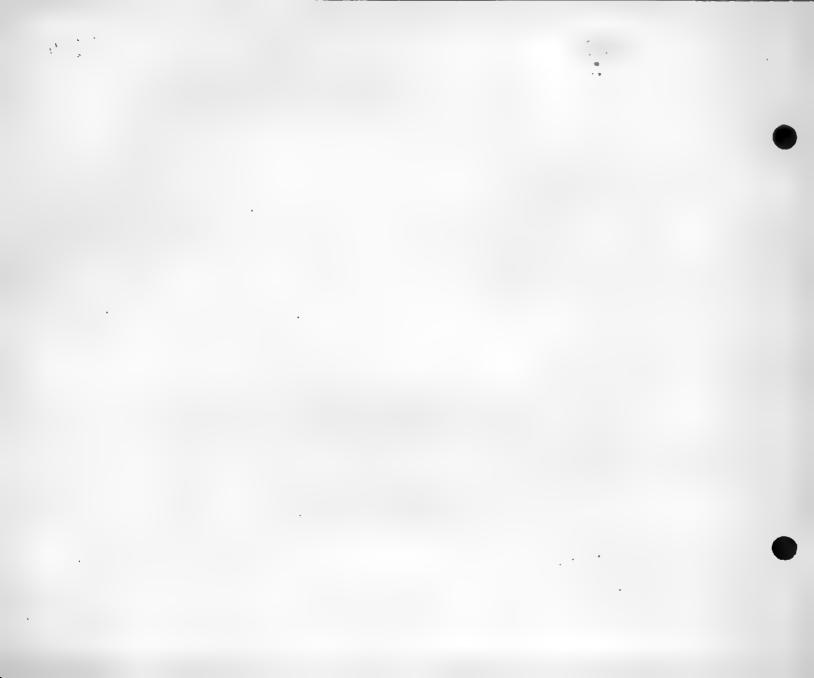
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08185 death and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) physician and campletely filled in by the funeral en please femaye carbon papers. Pages I and aval, and the agreemst, within 72 hours after deat o. STATE Jaryland o. COUNTY b. COUNTY Frederick Frederick The law requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If gutside corparate fimits, write RURAL and give nearest town) write RURAL and give nearest town) Rural (Knoxville d. STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Box 57-Route 2 Monocacy Nursing Home YES 🗀 NO [NAME OF First Middle OATE Month Day LOST Year DECEASED (Type or print) M. Sanger 6 Beulah b' 19 own event, DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIEO NEVER MARRIEO ost berthday) Davs Hours White Female WIOOWED DO OIVORCED t0a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? S.A. during most of working life, even if retired) INDLISTRY PurcellvilleVirgini 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME attending phys remaval Orra Belle Shoemaker Ernest F. Fletcher IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO permit. (Yes, no, ar unknown) (If yes give war or dates of service) 6 Knoxville. Md. Charles E. Sanger no crematian, INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF OEATH (Enter only one cause per line far (a) (b), and (c) signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the haspital ar attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause as the prior tal O FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health p YES NO far 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I ar Part II af item 18.) 20g ACCIDENT WAS UNDERLYING [detached for the details of the Dept. of the OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (State) 20e PLACE OF INJURY (Hame, form, (County) 204 INJURY OCCURRED TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Hour a.m. Not While at work Page 4 may be retained by 1966, to MMO 19_6 / that (1) (we) last 21. I certify that (I) (this hasgital) attended the deceased fram and that death accurred at 3:38 M. from causes and an the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. OATE SIGNED ATTENDING M.D. PHYS OIRECTOR PHYS director, page should be filed 22d ADORESS PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION, REMOVAL (Specific 63 PATE THEREOF Lake View Cemetery Hamilton (City or Town) rginia (State) 2So. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE Brunswick Md. EUNERAL DIRECTOR 196 Marelly VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08186 CERTIFICATE OF DEATH 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Laryland o. COUNTY MARYLAND Frederick Frederick c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest town) b CITY OR TOWN (factside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 please remave carban papers Pa I, and in any event, within 72 hours Frederick Frederick Weeks d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? 910 Chestnut Street Wynelle Nirsing Home YES NO TH requires that the death certificate be executed within 3. NAME OF Midd e 4 DATE Manth ten. DECEASED SCHAFFER GRACE DEATH (Type or print) June S SEX AGE (In years IF UNDER 1 YEAR IF HINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH jost birthday) Manths Days Hours May 7, 1889 Female White WIDOWED IX DIVORCED 12 CIT ZEN OF WHAT 10o USUA, OCCUPATION (Give kind of work done 105 KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY Frederick County, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remova Edward Zimmerman Amanda M. Stalev IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Frederick, Md. burial-transit permit. (Yes, na, ar unknown) (If yes give war ar dates of service) birs. John A. Summers. Route #5 INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per time far (a), (b), and (c).
PART I DEATH WAS CAUSED BY AND DEATH signed by t IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate couse (a) DUE TO stoting the underlying cause FUNERAL DIRECTOR: After this certificate has been far use as the of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? NO 🔀 YES 🖂 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [] OR CONTR BUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While 19 at wark et werk pe 1964that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. 1953. to director, page 3 shauld shauld be filed with the 19 6 7, and that death accurred at A M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. MGNATURE ATTENDING June 8, 1967 DIRECTOR PHYS. PHYS 226 PHYSICIAN'S 22d ADDRESS NAME (Type) 228 N. Market St. Frederick, Maryland James B. Thomas. 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) REMOVAL (Specify) June 10, 1967 Mount Olivet Cemetery Frederick, Maryland REGISTRAR'S SIGNATURE 250, REC'D BY REGISTRAR M. R. stchison & Son. Frederick.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08187 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o COUNTY b COUNTY A MARYLANO low requires that the death certificate be executed within 24 hours after hours after b CITY OR TOWN (if autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR/TOWN (M autside corporate limits, write RURA, and give nearest town and give negrest tawn? papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) completely filled in d. STREET ADDRESS n 72 h ON A FARM? YES NO [NAME OF 4. DATE cerben First Middle Lost Month Day Year DECEASED 19 6 100 HARVE THEODORE SCHWART ZBECK (Type or print) DEATH 9. AGE (In years last birthday) IF UNDER 1 YEAR OATE OF BIRTH JE LINDER 24 HRS SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. remove Months Covs Hours WIDOWED DIVORCED cremation, or removal, and in any and 10b KIND OF BUSINESS OR 12. CIT ZEN OF WHAT 13 RIRTHPLACE (County & Stote or foreign country) COUNTRY? NDUSTRY 14. MOTHER'S MAJOEN NAM 13. FATHER'S NAME 16 SOCIAL SECURITY NO. 17 INFORMANT Address INTERVAL BETWEEN CAUSE OF DEATH (Enter anly one cause per line for (a) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' signed by DUE TO buriol Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the hospital or attending for use as the Health prior to this certificate has been WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION director, page 3 should be detached for use should be filed with the State Dept. of Health YES 🗔 NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20¢ TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm. (City or town) (County) (State) Haur a.m Not While factory, street, affice bldg, etc.) of work After at work 1966, to May 196 7that (1) (we) last 21. I certify that (I) (this hespital) attended the deceased fram. and that death accurred at M, fram causes and an the date stated above saw the deceased alive_on_ TO FUNERAL DIRECTOR: 22g, SIGNATUR 22b. DATE SIGNED STAFF DIRECTOR PHYS. 22d AODRESS 22c PHYSIC AN NAMY(Type) 15 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. LOCATION (City or Town (Stote) 23b DATE THEREOF (County) RESOVAL (Specify) REC'D BY REGISTRAR



10-1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
FOR STATE		CERTIFICATE OF DEATH	08174				
t Jiry de ay is H. Z., and 3 ta PM3. Page HIP M3. Page Department of a after death.	1 PLACE OF DEATH 0 COUNTY Frederick b C TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Years	2 USUAL RESIDENCE (Where deceased lived, if institution is STATE COUNTY Maryland Frede corporate limits write RURAL or Frederick	rick and give nearest town)				
th If January 1, 2 and 1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5 South Market Street	d. STREET ADDRESS 5 South Market Street	ON A FARM? YES NO				
24 haurs after deal in Item 18 Give Paris Office along with the Step 1 and 2 with the Step 1 any event within 72	3 NAME OF DECEASED (1400 or print) Allen Melvin Sometime of Color or RACE 7 MARRIED NEVER MARRIED	Cost	Doy Year 27 19 67 UNDER 1 YEAR IF UNDER 24 FRS onths Doys Hours Min 12 CITIZEN OF WHAT COUNTRY? U.S. A.				
d win per Exol	(Yes, no grunknawn) (Eyes give war ar dotes of service) 214, 10 1600 A.	Marguerite Michael INFORMANT 105 East Molvin Seeger, Jr. Frederic					
certificate should writing the ward irwarded to the Ct used as o bural-tro burial, cremation,	18 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c)) PART 1 DEATH WAS CAUSED BY MMEDIATE CAUSE (b) OUE TO Conditions if any, which gave is to immediate couse (b), storing the underlying couse (c) PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200 EXTERNAL CAUSE WAS PRIMARY OF OF DEATH CAUSE OF DEATH CAUSE OF DEATH	THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0)	INTERVAL BETWEEN ONSET AND DEATH IGA / Infanction PISSOS C 19 WAS AUTOPSY PERFORMED? YES NO				
MEDICAL EXAMINER: please execute the certif durectar. Page 4 shauld retained far yaur files DIRECTOR: Page 3 should its designated agent, prior	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 21. I certify that I taok charge of the remains described above, h. death resulted from Natural causes 1, Accident 1, Sui ACTUAL SIGNATURE EXAMINER'S	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) edd on Autopsy					
TO DEPUTY necessary, the funeral 5 may be r TO FUNERAL	NAME (Type) Robert J. Thomas, M. D. 230 BURIAL CREMATION, PREMOVAL (Specify) Burial June 29, 1967 Mount Olivet 24 FUNERAL DIRECTOR ADDRESS L. A.	Cemetery Frederick Mar	(County) Store)				
VR A15ME (1)	M. R. Etchison & Son, Fraderick, Nam	The state of the s	ionles Judge				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08189 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral nave Carbon papers. Pages Jands Wevent, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE **b.** COUNTY Frederick MARYLAND Frederick Maryland c LENGTH OF STAY IN 1b b CITY OR TOWN (f outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick D.O.A. Rural Emmitsburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) B IS RESIDENCE d STREET ADDRESS ON A FARM? Frederick Memorial Hospital YES 🔄 NO Route # lease remaye Carban and in any event, with NAME OF Middle Lost 4. DATE Month Doy Year DECEASED event, (Type or print) Carrol1 Shelton DEATH Joseph June 9. AGE (In years lost birthdoy) S SEX 6. COLOR OR RACE IF UNDER 24 HRS 7 MARRIED NEVER MARRIED 🚛 8. DATE OF BIRTH Months Dovs Hours WIDOWED DIVORCED Male White 1903 100. JSJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & Stote, or foreign country) physician a during most of working life, even if retired) INDUSTRY **COUNTRY?** Fred. Co., Maryland
14. MOTHER'S MAIDEN NAME II.S.A Farmer Farming 13 FATHER S NAME ar removal, by the attending phys James William Shelton Estella Mc Kinney IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service signed by the atter burial-transit perm burial, cremation, a 215-14-2850 Mr. Raymond Shelton. Emmitsburg. 18. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO ed for use os the L of Health prior ta b stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN AN PART 1(0) YES T NO DO 205. DESCRIBE (NW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. factory, street, office bldg , etc.) While Not While of work ot work 21. I certify that (I) (this hospital) ottended the deceased from 10 / S 1959 to 6/21 . 19 (eZ, that (l) (met lost 4 may be retained director, page 3 should should be filed with the 20 19 67, and that death accurred at 12:000 M, fram causes and an the date stated above saw the deceased alive on_ 22o. SIGNATURE 22b DATE SIGNED ATTENDING -22d. ADDRESS PHYSICIAN'S E.Ambler Thompson, Taneytown, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) June 24, 1967 Haugh's Cemetery Ladiesburg, Frederick, Md. ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Taneytown, Md. Fuss & Son DATEL 1 1 1 1

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) within 24 write RURAL and give naerest town) Frederick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? papers. 20h Maple Avenue YES NO TO 204 Maple Avenue executed 3. NAME OF DECEASED First DATE Middle Month OF andrestn DEATH (Typa or print) OSBORNE SIX 19 67 June cerbon RENO S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR) fast birthday Months History event, requires that the death certificate WIDOWED DIVORCED August Male White physician remove 10a, USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or 12. CITIZEN OF WHAT COUNTRY foreign country) done during most of working life, even if retired) U. S. A. Fred. City Policeman Frederick, Maryland Retired Then please and in 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Mamie Beone Osborne Six or removal, IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address physician. (Yas, no, or unkown) | (Ifyesgive weror dates of service) Mrs. Agnes Six. (Same as item # 2) No None permit. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] has been signed by INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO alfending Conditions, if any, which gava rise to immadiate causa the bur burial **DUE TO** (a), stating the underlying the hospital or causa fast. After this certificate 8 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? USe prior YES | NO 3 may be retained by the h DIRECTOR: After this co 3 should be detached for 20. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of (ram 18.) Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (State) 6 factory, streat, offica bldg., atc.) While Not While at work at work 21. | certify that (i) (this hospital) attended the deceased from ... A 19 (2. 1 that (I) (we) last ,, and that death occurred aff. 15.M, from the causes and on the date stated above ..19/2... saw the deceased alive on... DATE 22a. SIGNATURE ATTENDING STAFF SIGNED MAED death. Page 4 HOSPITAL page with th PHYS. DIRECTOR PHYS. June 22. 1967 M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Typa) 228 N. Market Street, Frederick, Md. Bernard O. Thomas, Jr. M. D. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (State) a do REMOVAL (Spacify) June 2h. 1967 Mount Olivet Cometery Frederick, Maryland Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE About R. M. ADDRESS Takeley VR A15 (48 M. R. Etchison & Son. Frederick. Marylan 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 08191 requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Frederick o. STATE b. COUNTY Marylan d Frederick MARYLAND C LENGTH OF STAY IN 16 CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Lan CZ Lifetime Lantz d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Own Home YES TE NO Middle NAME OF 4. DATE pou Lost DECEASED William Albert Smith June 18 67 DEATH 19 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH NEVER MARRIED last birthdoy) Months Hours male white 10-10-1883 WIDOWED DIVORCED in an 100 USUAL OCCLPATION (Give kind of work done dump most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT TOB KIND OF BUSINESS OR INDUSTRY Erm Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, William Smith Camelia Buhrman WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address (Yes no, or unknown) (If yes give war or dates of service) 220-54-3970 Edith L. Smith Lantz. Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse os the prior to TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) FECATION Stote Dept. of Health NO C YES [Ę 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20g ACCIDENT WAS UNDERLYING MEDICAL CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While ot work 21. 1 certify (that (1) (this hospital) attended the deceased from > - S 1967 to 19 6 7, and that death occurred at 30 AM, from courses and an the date stated above saw the deceased alive on_1 DATE SIGNED 22p. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Youngs Blue Ridge Summit. Harrv director. should 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BUR AL CREMATION BUREMOYAL (Specify) 6-21-67 Bethel Ch. of God Germantown, Md. 25o. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Raymond E. Creager Thurmont Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lifetime Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? Prederick Memorial Hospital 277 W. 5th. St. YES NOT and completely remove carbon p executed within 3. NAME DE First Middle Last DATE Month Year DECEASED Elsie Marie So1t 1967 (Type or print) June 24-DEATH 6. COLOR OR RACE | 7. MARRIED 5. SFX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Davs Hours White Female Aug. 8- 1909 WIDDWED [DIVORCED lease re nding physician a Then please re removal, and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be INDUSTRY COUNTRY? Helper Hosp_Diet Kitchen Frederick Co. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME been signed by the attending the burial-transit permit. Then or to burial, cremation, or remon James Elmer Solt Bertie L. Haller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md. (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Myrtis S. Albaugh-277 W. 5th. St.-218-38-1251 ______ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN that the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate this certificate has been letached for use as the Dept, of Health prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State | factory, street, office bldg., etc.) Hour a.m. After d Not While be retained by ATTENDING at work at work TO HOSPIAM PETER PAGE 4 MAY BE TELEMENT TO FUNERL DIRECTOR: A should street or the street of the str the 21. I certify that (I) (this hospital) attended the deceased from 1967... that (I) (we) last saw the deceased alive on. and that death occurred at AMM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22C. PHYSICIAN'S ADDRESS I NAME (Type) Prof. Bldg.- Frederick, Md. 21701 Dr. James B. Thomas 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) June 27-1967 Mt. Olivet Cemetery Frederick, Md. 21701 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Marles Frederick, Md.21701 VR A15 (4) 15M 4-64

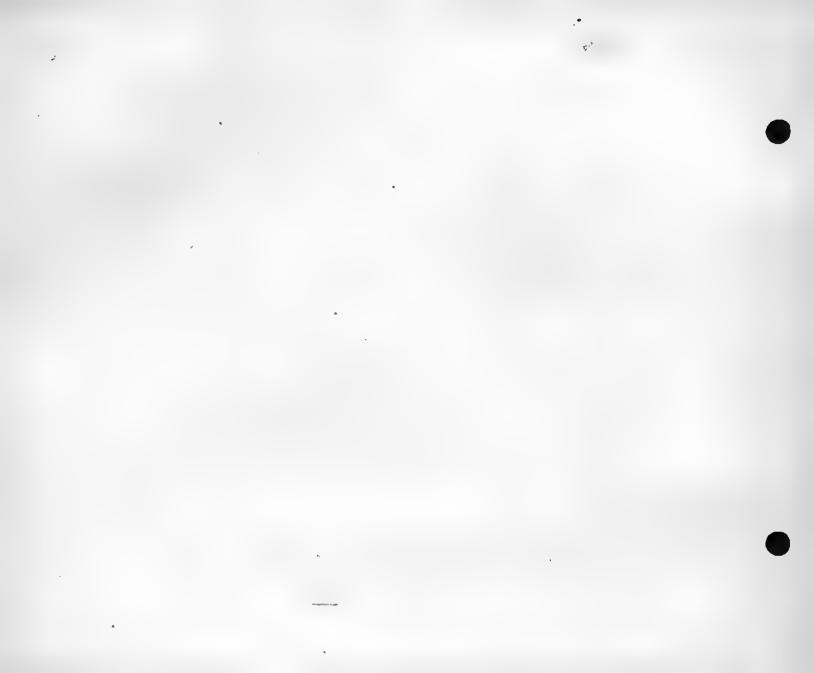
basi Ta. 11. 1 / 1 Pa ederack Lifetime 277 n. Stn. St. Tederick 'coordal lospital 20 hisie Marie Solt June 24m 67 Aug. o- 1909 57 Female white ".so, it kitchen Prederick Co. Md. Helper Bertie L. Bailor James Florer Soit

t. Jaars t. Thomas Prof. Blog. Frederick, Mc. 21701

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08193 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Frederick a. COUNTY a STATE **b** COUNTY hely filled in by the function papers. Pages 1 c, within 72 hours after d Maryland Frederick MARYLAND requires that the death certificate be executed within 24 hours after b CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 10 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Grade Rural and give necrest town) Graceham Vrs. S RESIDENCE ON A FARM? d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Home Own 00 YES NO X and campletely fi NAME OF 4. DATE Year DECEASED R. Sovocool Leslie 18 June 67 DEATH 19 (Type or print) and in one and S. SEX 6 COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED TO NEVER MARRIED 8. DATE OF BIRTH birthdoy) Doys Hours ma le white 11-7-1902 WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done COUNTRYZ during most of warking life, even if retired) PUDITIC attending physician permit. Then please school Maryland 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 13. FATHER'S NAME Edward Sovocool Carrie M. Hesser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, ne or unknown) (If yes give wor ar dotes of service) 220-09-8070 Clara E. Sovocool Graceham, Md. CAUSE OF DEATH (Enter only one couse per line for (c) 10), and (c))
PART | DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) WAS AUTOPSY PERFORMED? YES | NO jo 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Nat While of wark , 1962, that (1) (we) last 21. 1 certify that (1) (this hospital) attended the deceased fram_ to____ 67, and that death accurred at 412 M, from couses and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** director, page 3 should be filed v PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Thomas Love Thurmont. Md. NAME (Type) A . 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 6-22-67 Graceham Cemetery Graceham, Md. Fred 2Sb. REGISTRAR'S SIGNATURE Raymond E 25o, REC'D BY REGISTRAR 4-FUNERAL DIRECTOR MUDATUN 20 M 1/66 Thurmont



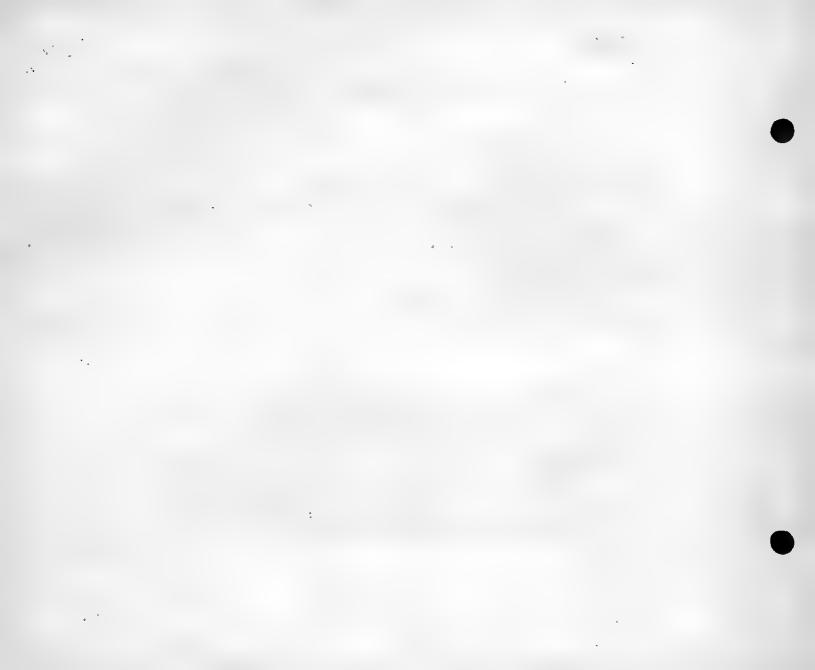
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08194 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission o COUNTY 2, and 3 ta PM3. Page Traderick State Department of MARYLAND C LENGTH OF STAY IN 16 (CITY OR TOWN (If outside corporate . m ts, write RURAL and give nearest town) b CITY OR TOWN (flowtside corporate limits, write RURAL and give nearest town)
Rural-Frederick Rural-Mt. Airv d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS e certificate, writing the ward "pending" in pencil in Item 18 Giv∎ Pages 1, 2 should be farwarded to the Chief Medical Examiners Office along with farm 00 Reich's Ford R.D. YES NO TO NAME OF 4 DATE Day Year DECEASED June (Type or pnnt) DEATH NEVER MARRIED 9 AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED DATE OF B RTH 4 lest birthday) White June 10,1 For 170 D3WODIW DIVORCED and in any event within 72 hours after death 11 B RTHPLACE (State or fareign country) 100 USUA, OCCUPAT ON (Give kind of work dane 10b KIND OF BLS NESS OR 12 CT ZEN OF WHAT COUNTRY ? during most of working life, even if retired) INDUSTRY Frederick, Md. This certificate shauld be executed within 24 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Stitley Daisey Mercer 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give wor ar dates of service) ir. Ernest one 18. CAUSE OF DEATH (Enter only one cause per line (5) (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stating the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? ar remaval, NO 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW NOURY OCCURRED (Enteranoture of injury in Port for Port II of Item 18) PRIMARY DO CONTRIBLY NG CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2Ge PLACE OF NJURY (Morne form Noctory, street, office bldg etc.) While of work at work 6-25 1967 21 I certify that I took charge of the remains described above, held an Autapsy Inspection , Inquiry , and in my opinion death resulted from: Accident 74. Suicide . Natural croses Hamicide Undetermined manner the funeral directar CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town or county) 23c NAME OF CEMETERY CONTRACTOR 23d LOCATION (City or Town) 230 BURIAL CREMATION 23h DATE THEREOF REMOYAL (Specify) Locist Grave Prederici Co. 1d. 250 REC D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5 M. Waltz Box 241 Sykesville, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 08195 requires that the death certificate be executed within 24 hours effer death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH completely filled in by the funeral lave carban papers. Pages and y event, within 72 hours at letters o. COUNTY Frederick b. COUNTY Frederick o. STATE Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick d. NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Montevue Infirmary Resident (Montevue) YES 🗔 NO [3. NAME OF First Middle Lost 4 DATE Month Dov Year DECEASED OF STRATHERN 196 FLEMING ANDREW (Type or print) DEATH s sex ale AGE (In years 1F LINDER 1 YEAR IF UNDER 24 HRS. 6 COLOR DR RACE 7 MARRIED NEVER MARRIED RT R DATE OF BIRTH move Months birthdoy) Dovs Hours White WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, every retired)
Retired employee HNDUSTRY SEEKARU S.A. Bathgate Scotland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Andrew Strathern IS WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16. SDCIAL SECURITY NO Address Nelson Strathern Brunswick, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse as the be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health YES [NO far 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While at work 2]. I certify that (1) (this haspital) attended the decreased from 1/1/10) 1960 Sta H and that death accurred at 17.52 M. fram causes and an the date stated above saw the deceased alive an, 196 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. , page be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, shauld 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23b. DATE THEREOF (Stote) REMOVAL (Specify) Brunswick Md. Ponk Heights 20 FUNERAL DIRECTOR Maryland RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATEN 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08196 24 hours ofter death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY Frederick a STATE West Virginia MARYLAND b CITY OR TOWN (If auts de carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Havaco d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC opers ON A FARM? Frederick Memorial Hospital YES NO requires that the deoth certificate be executed within 3. NAME OF Middle €irs† 4. DATE Manth Day Year pou attending physicion and completely sermit. Then please remove carbor DECEASED (Type or print) OF DEATH trou Pe 19 VIDE YEAR IF UNDER 24 HRS. S SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Months Days Haurs WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT 100 USLAL OCCUPATION (Give kind of work dane during most of working alterexen if retired) TT COUNTRY? INDUSTRY Virginia 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Francese Groseclose Thomas Dickens 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
[Yes, no, or unknown) [(If yes give war ar dates at service) 17 INFORMANT 16. SOCIAL SECURITY NO permit. 5 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I, DEATH WAS CAUSED BY signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 WAS AUTOPSY PERFORMED? use of Heolth NO be retained by the hospital or jo 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. factory, street, office bida., etc.) Nat While at wark at wark 21. I certify that (1) (this haspital) attended the deceased from 261411e, 1967, to 26 June 1967, that (1) (we) last should saw the deceased alive an 26 hine 1967, and that death occurred at 730 M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS TO HOSPITAL (Poge 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Iseger Memorial Cem. Roderfield West Va 256. REGISTRAR'S SIGNATURES 25o, REC'D BY REGISTRAR **ELINERAL DIRECTOR** VR A15 (4) 20 M 1/66

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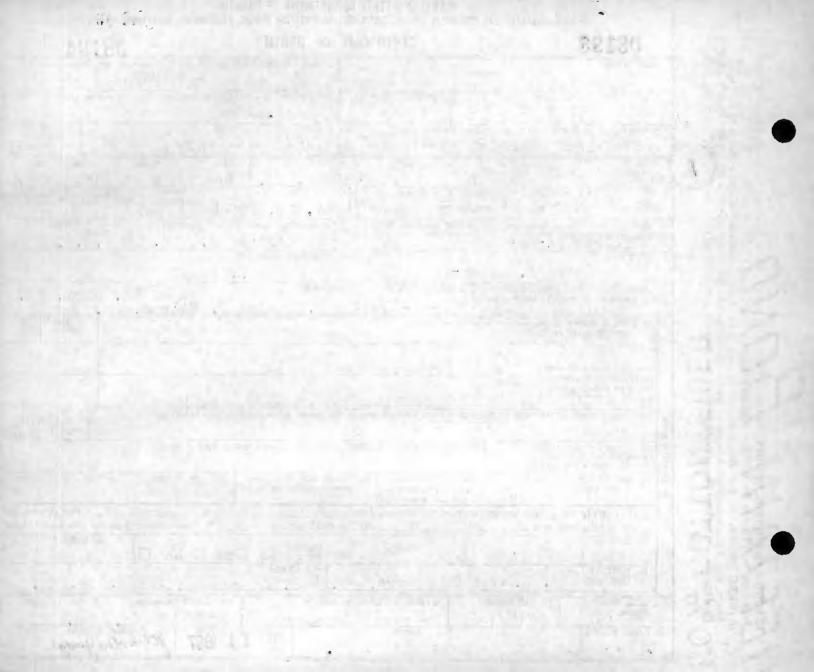
PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Rasidance before admission a. COUNTY b. COUNTY e. STATE hours Frederick gr≪1 MARYLAND Maryland Frederick
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town .5 ** Frederick

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Frederick Pages within filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? carbon papers. For mit within 72 hou 600 Military Road 600 Military_Road YES NO TO 3. NAME OF Yaar Middle DATE Month DECEASED (Type or print) DEATH 19 67 June Marner Margaret 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED THE NEVER MARRIED The law requires that the death certificate be lest birthday) Months i White WIDOWED | DIVORCED 26, 1921 event Female and in any even attending physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (County & Slats, or foreign country) done during most of working life, even if retired) Supv. Telephone Office Bears Roebuck Co. Woodsboro, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lottie Kaufman Clyde Bentz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no, or unkown) , (If yes give war or datas of sarvical Wilbur D. Warner, Sr. (Same as item #2) permit. 18. CAUSE OF DEATH |Enter only one cause per line, for (a), physician. INTERVAL BETWEEN may be retained by the hospital or attending physician DIRECTOR: After this certificate has been signed by 3 should be detached for use as the burial-transit permi ONSET AND DEATH 9 PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, cremation, **DUE TO** Conditions, if any, which gove risa to immediate couse DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION \$ Q PERFORMED? YES NO DO prior 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of Itam 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Homa, farm, 1 20c. TIME OF INJURY 20d, INJURY OCCURRED 20f. (City or town) (County) (Steta) Month, Day, Year factory, street, office bldg., atc.) Not Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from: , and that death occurred at... M, from the causes and on the date stated above saw the deceased alive on. 1967 SIGNED 22a. SIGNATURE ATTENDING MED death. Page 4
TO FUNERAL 1
director, page 3
be filed with the DIRECTOR PHYS. PHYS. June HOSPITAL 22d. ADDRESS 226. PHYSICIAN'S NAME (Type) 228 N. Market St. Frederick, Maryland Bernard O. Thomas. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) [Stete] REMOVAL (Specify) Frederick, Maryland 2 1967 Mount Olivet Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE Soual MADDRESS Falely 25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland 20M 5-63

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08198 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. ..COUNTY Frederick Frederick MARY! AND 24 hours after the attending physician and campletely filled in by their sit permit. Then please remové carbon papers. Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) day Airv of prehari d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Frederick Memorial Hospital 101 Prospect Road YES NO TO PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle First 4. DATE Doy Year DECEASED OF DEATH DANTEL. WIII.SON D. (Type or print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Months Dovs Hours Male White Nov. and in any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Frederick Co., Md. Retired Farmer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, Jesse R. Wilson Mary K. Duvall Address 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Airy, Md. (Yes, na, or unknown) (If yes give war or dates of service) 20-31-6348 Mr. Daniel D. Wilson, Jr INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) þ O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. 5020 signed t DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO for use as the b stating the underlying cause CO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO YES 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of l detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m factory, street, affice bldg., etc.) Not While of wark 6/10/6/19___, that (\$\tau(we) last 21. I certify that (4) (this haspital) attended the deceased fram. . 19 should and that death accurred at 1200 M, from causes and an the date stated above saw the deceased alive an 6/10/62 22o, SIGNATURE 22b. DATE SIGNED MED: DIRECTOR M.D. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Austin Pearre Frederick Church St. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o, BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Prospect Cemetery Frederick REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Sykesville, Md. CWALTIWaltz Box 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 08193 CERTIFICATE OF DEATH 08185

	PLACE OF DEATH 6. COUNTY Frederick				n,	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) a. STATE Maryland b. COUNTY Frederick						
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b					c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)						
	write RURAL end give neerest town) Frederick 20 years					Frederick				8-1		
12	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)				d.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	507 Grant Place					507 Grant Place					□ NO XX	
-	DECEASED (Type or print)	First		Middle		Last	4. DATE	Month			(eer	
	0.01III M.					lf	DEAT	0 th			9 67	
	Male	White	7. MARRIED WIDOWED	NEVER MARRIED [Nov.	29 –1 885		9. AGE (In yeers last birthday) 81. yrs.		ear IF UNI	DER 24 HRS.	
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?											
	Retired Assoc.Cigar Factory York Co. Pa.							U.	U. S. A.			
	3. FATHER'S NAME				14. MG	14. MOTHER'S MAIDEN NAME						
1	Michael Welf					Net available						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hyesgive werordetes of service) Address Frederick, Md.											
	No	, yes give well of deles of h	186-	-01- 0427 M	rs. Ly	dia M.	Ness W	olf-507 (Frant I	lace-		
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Acute Coronary occlusion DUE TO Conditions, if any, which Conditions, if any, which (b) Hypertensive + arterio sclerotic Heart Disease 10-20 yrs										DEATH Min	
	Conditions, if any, which gove rise to immediate cause last. (b) Hyperleusive + arteno sclerotic Heart Disease 10-20 yrs, one cause lost.											
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED?											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? CEREBYO VASCULAR Thrombosis & rt. hemiplegia since 1960 YES IN NO 10											
	20e, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
1	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, P.m. While Not While et work et											
	21. I certify that (I) (this hospital) attended the deceased from Sept. 29., 1958, to JUNE 22., 1967, that (I) (we) last saw the deceased alive on MAY 1944. 1967, and that death occurred at 7:10p from the causes and on the date stated above.											
	22e. SIGNATURE L. L. Q. M. 22c. PHYSICIAN'S NAME AND				M.D. AT PH	ATTENDING MED. STAFF June 23-67 SIGNED 22d. ADDRESS						
	Dr. R.L.Michels Frederick Medical Center-Frederick, Md.											
	23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial June 26-1967 Red Lion Cemetery Red Lion- Pennsylvania											
	24 FUNERAL DIRECTOR'S SIGNATURE Elward T. ADDRESS Whitmore M.R. Etchison & Son Frederick, Md. 21701 DAYLUN 26 1967 Clearles Judge											

VR A15 (4) 20M 5-63

AT A DESCRIPTION OF THE PARTY O AND THE PROPERTY OF THE PARTY O and all their terms of the same SAN THE TANK THE TANK THE TANK . I will be a second of the se and the to be of him and the property of the state of the